VALUING PEOPLE: A NEW STRATEGY FOR LEARNING DISABILITY FOR THE 21st CENTURY: IMPLEMENTATION

IMPLEMENTATION GUIDANCE

For action by:
- Councils - County Council Chief Executives
- Councils - London Borough Council Chief Executives
- Councils - Metropolitan District Council Chief Executives
- Councils - Shire Unitary Council Chief Executives
- Councils – Common Council of the City of London Chief Executives
- Councils – Council of the Isles of Scilly Chief Executives
- Health Authorities (England) – Chief Executives
- NHS Trusts - Chief Executives
- Primary Care Trusts – Chief Executives
- Social Services Directors – England
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Summary

1. The Government’s White Paper *Valuing People: A New Strategy for Learning Disability for the 21st Century* sets out proposals for improving the life chances of all children, young people, adults and older people with learning disabilities and their families. Its proposals are based on the key principles of legal and civil rights, independence, choice and inclusion. It takes a cradle to grave and cross Government approach. This circular focuses mainly on action to implement the proposals for improving the lives of all adults with learning disabilities—those with severe and profound learning disabilities through to those with moderate or mild learning disabilities. Adults with Asperger’s Syndrome or higher functioning autism are not precluded from using learning disability services, where appropriate, and may require an assessment of their social functioning and communications skills in order to establish their level of need.

2. Action to implement the proposals for improving the lives of children and young people with learning disabilities is being taken forward through the Quality Protects programme. Through the annual Quality Protects Management Action Plans, local councils have to show how they are planning, in partnership with other local agencies, to achieve the Government’s Objectives for Children’s Services including meeting the needs of disabled children.

3. Learning Disability Partnership Boards should be established by 31 October 2001. Boards should update the Learning Disability Joint Investment Plans (the LD JIP), (already submitted to the Department of Health in April 2001) with local action plans containing proposals for implementing *Valuing People*.

4. A new Learning Disability Development Fund of £22 million revenue and £20 million capital will be introduced in April 2002 to support priorities for service change. Indicative allocations will be notified to health authorities in the autumn. Plans for using the revenue funding and bids for the capital funding should be submitted in the updated LD JIP.

5. From 2002 the Department of Health will issue an annual circular about the content of the LD JIP.

6. These introductory pages of the Circular only are being sent to those listed on the front page. The whole circular and its annexes can be downloaded from the Department of Health’s Learning Disability website [http://www.doh.gov.uk/learningdisabilities](http://www.doh.gov.uk/learningdisabilities). The Circular and its annexes are being sent to the Employment Service.

7. This Circular is being issued to local councils as statutory guidance under Section 7 of the Local Authority Social Services Act 1970.
8. The key actions are:

- Chief Executives of local councils with social services responsibilities should set up Learning Disability Partnership Boards by 31 October 2001. Other agencies should be fully involved in the process. Boards will usually cover the geographical area of the local council, but other configurations may be acceptable provided key stakeholders agree. They will operate within the overall framework provided by Local Strategic Partnerships. Government Guidance on Local Strategic Partnerships was sent to health authorities and local councils under cover of the Secretary of State’s letter of 4 April 2001.

- Boards should be chaired by a senior local government officer or elected member. Statutory sector interests to be represented should include social services, health bodies (health authorities, NHS Trusts, Primary Care Trusts and/or their successor bodies), housing, education, the Employment Service and Jobcentre Plus, where pathfinder offices have been set up. People with learning disabilities (with support if appropriate) and carers must be full members of the Board. Independent providers and voluntary organisations should be represented. The cultural diversity of the area should be properly represented. Statutory bodies represented on the Board should jointly ensure the appointment of a lead officer to take responsibility for implementing Valuing People and taking forward priorities agreed by the Board.

- Boards should appoint champions for transition from children’s to adults’ services and for employment.

- The updated LD JIP should be sent electronically to the Department of Health’s SSI social care regions (copied to NHS Regional Offices) by 31 January 2002. The JIP should be submitted using the proforma which can be downloaded from September from the Department of Health’s Learning Disability website http://www.gov.uk/learningdisabilities. The updated JIP should include proposals for using the revenue element of the Learning Disability Development Fund and bids for using the capital element. Priorities for this Fund are set out in paragraphs 10.7 and 10.8 of Valuing People. Both capital and revenue may only be used where deployed as part of pooled funds under the Health Act 1999 flexibilities.

- Boards should promote effective arrangements for enabling young people with learning disabilities to move smoothly from children’s to adults’ services in all relevant agencies.

- Boards are expected to develop effective links with other agencies and partnerships whose responsibilities are relevant to implementing Valuing People. These include Connexions Partnerships, Local Learning Partnerships, Supporting People and the Benefits Agency in those areas not covered by Job Centre Plus.

- Directors of Social Services should ensure good links between children’s and adults’ services as part of their responsibilities for quality under the Social Care Quality Framework. Good links are important for young people as they approach adulthood and for parents with learning disabilities.

- Boards should:
  - collate information about advocacy services in their area in order to inform decisions on funding advocacy from the Learning Disability Development Fund or mainstream monies;
  - foster the development of support services and schemes so that more people with learning disabilities benefit from direct payments;
  - recommend in consultation with service providers and commissioners policies and procedures for handling decisions to exclude people with learning disabilities from services;
- review by autumn 2002 the role and function of community learning disability teams;

- satisfy themselves that arrangements are in place to enable people currently living in NHS long-stay hospitals to move to more appropriate accommodation by April 2004.

Boards should work with councils and other bodies to ensure the following are produced:

- A framework for introducing a person-centred approach to planning services by Spring 2002

- an inter-agency quality assurance framework by Spring 2002

- a workforce and training plan by Summer 2002

- a local housing strategy for people with learning disabilities and related plans for commissioning care and support packages by Winter 2002/03

- a programme for modernising day services by Winter 2002/03

- a local employment strategy and local targets for increasing the employment rates of people with learning disabilities by Winter 2002/03.

- a framework for Health Action Plans (HAPs) and identification of health facilitators by Summer 2003

CHOICE IN HOUSING

9. People with learning disabilities should be given a genuine opportunity to choose between housing, care and support options. Local councils should therefore ensure that all housing options are considered when they are exploring the future housing, care and support needs of people with learning disabilities and their families. These options should include small-scale ordinary housing, supported living and village and intentional communities as well as residential care. None of these should be ruled out.

MONITORING

10. Implementation of this guidance will be monitored by the Social Services Inspectorate.

CANCELLATION OF CIRCULARS

11. This circular should be cancelled on 31 March 2004. Circulars LAC (92) 15 Social Care for Adults with Learning Disabilities (Mental Handicap) and HSG (92) 42 Health Services for People with learning disabilities (Mental Handicap) are now cancelled.

This Circular has been issued by:
Sarah Mullally, Chief Nursing Officer
Director, Department of Health
Introduction

1. The Government’s White Paper *Valuing People: A New Strategy for Learning Disability for the 21st Century* sets out proposals for improving opportunities and achieving better outcomes for all children, young people, adults and older people with learning disabilities and their families. Its proposals are based on the key principles of legal and civil rights, independence, choice and inclusion. They cover people with severe and profound learning disabilities through to people with mild or moderate learning disabilities and people with learning disabilities from across the autistic spectrum. It takes a cradle to grave and cross Government approach. This guidance should be read in conjunction with *Valuing People*.

2. This guidance focuses mainly on action to implement the proposals for improving the lives of all adults with learning disabilities- those with severe and profound learning disabilities through to those with moderate or mild learning disabilities. Adults with Asperger’s Syndrome or higher functioning autism are not precluded from using learning disability services, and may, where appropriate, require an assessment of their social functioning and social skills in order to establish their level of need.

3. Action to implement the proposals for improving the lives of children and young people with learning disabilities is being taken forward through the Quality Protects programme. Through the annual Quality Protects Management Action Plans, councils have to show how they are planning, in partnership with other local agencies, to achieve the Government’s Objectives for Children’s Services. Specific objectives and sub-objectives have been set to improve services for disabled children. It is particularly important that agencies work towards achieving an integrated approach to supporting children with learning disabilities and achieving a smooth transition from children’s to adults’ services.

Learning Disability Partnership Boards

Establishment

4. Partnership Boards should be established by 31 October 2001. The Chief Executive of the local council with responsibility for social services is responsible for setting up these Boards. Other agencies should be fully involved at senior level in the process. The new Boards will usually cover the geographical area of the local council. Other configurations may be acceptable provided key stakeholders agree. Details about other configurations should be fully described in the updated Learning Disability Joint Investment Plan.

5. In setting up the new Learning Disability Partnership Boards local councils and other agencies should build on existing arrangements for planning and commissioning services, in particular those used to develop the Learning Disability Joint Investment Plan. As Boards may have a large membership, they will wish to consider non-traditional ways of working. Boards are not statutory bodies. They will operate within the overall framework provided by the Local Strategic Partnerships (LSPs). Government Guidance on Local Strategic Partnerships was sent to health authorities and local councils under cover of the Secretary of State’s letter of 4 April 2001.

Membership

6. Boards should be chaired by an appropriate senior local government officer or elected Member. Membership should include representation from:

- Statutory sector interests - social services, health bodies (health authorities, Primary Care Trusts and relevant NHS Trusts and/or their successor bodies), education, housing, Employment Service and Jobcentre Plus, where pathfinder offices have been set up, leisure and community and economic development.

- People with learning disabilities and carers- at least two from each group. Both groups are to be full members of the Board and may take on particular roles. Boards are expected to ensure that the appropriate mechanisms and support are made available so that both groups play a full part in all discussions and decisions and adequately reflect the views of other local people with learning disabilities and carers.
• Independent providers, voluntary organisations, community groups, other local employers.

7. Where there are two tiers of local councils, Boards should establish mechanisms for involvement of District Councils so that housing and leisure interests in particular are properly represented.

8. The Chief Executive of the local council should ensure that the Board’s membership properly represents the cultural diversity of the area, so that the views and needs of people from minority ethnic communities and their families may be fully addressed.

9. Boards should appoint one member to be a champion for child/ adult transition issues and another one to be a champion for employment.

10. Boards will need to develop effective links with other agencies and partnerships whose responsibilities are relevant to implementing Valuing People. These include Connexions Partnerships, Local Learning Partnerships, further education colleges, education institutions, Supporting People and the Benefits Agency in those areas not covered by Jobcentre Plus. Where these are not represented on a Board, it should appoint a member to take responsibility for promoting such links.

Role of Partnership Boards

11. Boards’ role will be to oversee and advise on implementation of the adult aspects of Valuing People. They should also establish links with the Children and Young People’s Strategic Plans, Quality Protects Management Action Plans and Connexions Partnerships in order to promote seamless transition for young people with learning disabilities between children’s and adults’ services.

12. The statutory bodies represented on the Boards will all be subject to the duty in the Race Relations (Amendment) Act 2000 to promote race equality in discharging their functions. They should ensure that all services are culturally competent and able to meet the different cultural needs of all communities in the area.

13. Bodies represented on the Boards are also subject to the duty in the Disability Discrimination Act 1995 to have regard to the need to prevent discrimination against disabled people and make reasonable adjustments to services to prevent less favourable treatment. The Special Educational Needs and Disability Act 2001 removes the exemption of education from disability rights legislation.

14. Statutory bodies represented on the Boards should jointly ensure the appointment of an officer to take responsibility for the inter-agency implementation of the proposals in Valuing People. The person appointed should take forward priorities agreed by the Board.

15. In recommending the level of resource required to implement Valuing People to the constituent funding agencies separately or to the appropriate formal Health Act partnership arrangement, Boards should have regard to:

• the likely increase in demand arising from demographic and other factors;
• ensuring that people with learning disabilities derive fair benefit from other mainstream policy and funding initiatives;
• the need to maintain levels of NHS investment upon the death of former long-stay hospital residents so that adequate levels of funding transfer through the new partnership arrangements for future generations of people with learning disabilities.

Boards’ general role includes:

• Advising on the development and implementation of the Joint Investment Plan
• Overseeing inter-agency planning and commissioning of comprehensive, integrated and inclusive services that provide choice
• Working with Primary Care Trusts in order to advise on supporting primary and general health care services to work with people with learning disabilities
• Proposals for the use of Health Act flexibilities
• Making recommendations to ensure that people are not denied a local service because of a lack of capacity amongst service providers.
• Links with Health Improvement Programmes (HIMPs) over action to reduce health inequalities
• Recommending effective arrangements to ensure that young people with learning disabilities move smoothly from children’s to adults’ services
• Advising on the cultural competence of local services
• Supporting parents and carers including parents with a learning disability

16. **Valuing People** gives Boards a role in producing the following:

- The updated JIP by **31 January 2002** and annually thereafter. This should include appropriate use of the Health Act flexibilities.
- Framework for introducing person centred planning by **spring 2002**
- An inter-agency quality assurance framework by **spring 2002**.
- Workforce and training plan by **summer 2002**.
- Review of the role and function of community learning disability teams by **autumn 2002**.
- Day service modernisation plan by **winter 2002/03**.
- Local housing strategy for people with learning disabilities by **winter 2002/3**.
- Local employment strategy for people with learning disabilities by **winter 2002/3**.
- Framework for Health Action Plans and identification of health facilitators by **summer 2003**.
- Arrangements so that people currently living in NHS long-stay hospitals move to more appropriate accommodation by **April 2004**.

Annex C sets out a timetable. The documents produced by Boards should be submitted to the relevant statutory body with a recommendation for action within that timetable.

17. The Department of Health will publish practice guidance on partnership working by the end of 2001 in order to help Boards develop their role. Partnership working will be an early priority for the Implementation Support Team.

**Joint Investment Plans (JIPs): Updating**

18. Learning Disability Partnership Boards should develop an updated Learning Disability JIP to include local action plans for implementing **Valuing People**. (Health authorities and local councils were asked to produce JIPs by the end of April 2001.) The updated JIP should be agreed by all agencies represented on the Learning Disability Partnership Board. People with learning disabilities, carers and the local voluntary and independent sectors should be fully involved in this process. Boards should also ensure that the updated JIP covers arrangements for planning the transition from children’s to adults’ services.

19. Boards should use the JIP proforma which will appear with the JIP workbook on the Department of Health’s Learning Disability website [http://www.doh.gov.uk/learningdisabilities](http://www.doh.gov.uk/learningdisabilities) in September. Updated JIPs should be sent electronically to the Department of Health’s SSI social care regions (copied to NHS Regional Offices) by **31 January 2002**. Contact details are in annex E. Further guidance on preparation of the updated JIPs is at annex A.

**Learning Disability Development Fund**

20. A new Learning Disability Development Fund of £22 million revenue and £20 million capital will be introduced in April 2002 to support priorities for service change. Bids for capital and plans for revenue funding should be submitted as part of the updated JIP. Both capital and revenue may only be used where deployed as part of pooled funds under the Health Act 1999 flexibilities. Indicative allocations will be notified in the autumn. Further details are at annex B.

**Disabled Children and Young People**

21. Boards should build on existing health, social services and education programmes to develop recommendations for an integrated approach to supporting learning disabled children from their early years onwards to gain maximum life chances.

22. Through the Quality Protects programme and their SEN policies, local councils should set out how they will work with local partners towards achieving the new Children’s Services sub-objectives for disabled children. There needs to be corporate commitment on the part of local councils, with education, housing and leisure all playing their part, in partnership with health and with the local voluntary sector. The Government has set a target for an additional
6,000 severely disabled children by 2002 to receive support by a co-ordinated care package from health and social services.

23. Planning of children's services can be challenging to co-ordinate. The Children and Young People's Unit is looking at how this process can be streamlined into a single Children's and Young People's Strategic Plan. Boards should establish effective links with plans for children and young people including those listed below so as to ensure consensus of shared objectives and agreed targets for improving the well-being of learning disabled children:

- Children's Services Plans;
- Quality Protects Management Action Plans;
- Behaviour Support Plans;
- Education Development Plans;
- Early Years Plans;
- Connexions Partnership Business Plans
- Local Cultural Strategies
- Health Improvement Programmes.

24. Boards should also consider whether or not there are effective arrangements in place that will enable young people to move smoothly from children's to adults' services in all relevant agencies, making recommendations where necessary. The Government's aim is to ensure continuity of care and support so that as many learning disabled young people as possible take part in education, training, or employment. For transitions to be less traumatic, service planning and provision for people with learning disabilities must take a lifelong perspective. Local agencies will be expected to have introduced person-centred planning for all young people moving from children's to adults' services by 2003. These plans should build on the assessment and planning for young people already carried out under the SEN Code of Practice, including transition planning in which the Connexions Service is involved and on those of the Connexions Service itself.

Links between children’s and adults’ services

25. All agencies should build effective working relationships between children's and adults' services. These are essential in order to ensure that young people move smoothly into adulthood and that parents with learning disabilities receive appropriate support to help them in their parenting role. Directors of Social Services as part of their responsibilities under the Social Care Quality Framework should ensure effective partnership working between children's and adults' teams.

More Choice and Control

26. Boards have a particular role in fostering improvements in advocacy services and direct payments and in developing a person-centred approach to planning services.

Advocacy

27. Development of, and support for, advocacy services are a priority in Valuing People. Boards should:

- collate information about the strengths and weaknesses of advocacy services in their area;
- use this material as the basis for making recommendations about projects to be paid for out of the Development Fund and mainstream funds.

28. Where necessary, Boards should also advise all local agencies to review their own ways of working to ensure that people with learning disabilities are properly involved in organisational decision making. The Department of Health will be supporting publication of practice guidance on this later in 2001. The Department will also be supporting publication later this year of practice guidance on helping people from minority ethnic communities gain access to the advocacy support they need.
29. The Department of Health’s central Implementation Support Fund (see paragraph 58) will be used to support development and expansion of advocacy services. This is to help achieve the Government’s long-term aim for a range of independent advocacy services in each area so that people with learning disabilities can choose the one which best meets their needs.

**Direct Payments**

30. Recent changes to legislation extend the scope of direct payments:

- under provisions in the Carers and Disabled Children Act 2000, which came into force in April 2001, parents of disabled children and 16 and 17 year olds may receive direct payments. The Department of Health issued policy and practice guidance on this subject in March 2001.

- under provisions in the Health and Social Care Act 2001, which comes into force in April 2002, local councils will be required to make direct payments where an individual who requests and consents to one meets the criteria. The Department will be issuing guidance on implementation.

31. Boards should foster development of good support services and schemes so that more people with learning disabilities and their families benefit from direct payments.

**Person Centred Planning**

32. A local framework for developing a person centred approach to planning services for people with learning disabilities should be agreed by Partnership Boards by April 2002.

33. The local framework should identify these priority groups:

- people still living in long-stay hospitals
- young people moving from children’s to adults’ services.

By 2003 people in both groups should have benefited from a person-centred approach.

By 2004 there should be significant progress in delivering a person centred approach for these three groups:

- People using large day centres
- People living in the family home with a carer aged over 70
- People living on NHS residential campuses.

34. By winter 2002 people with learning disabilities who make substantial and long term use of publicly funded services should have a named person to act as their service co-ordinator. This person should pay particular attention to achieving effective organisation and monitoring of services provided by all agencies.

35. The Department of Health will be issuing practice guidance on person-centred planning by the end of 2001.

**Supporting Carers**

36. Valuing People (Paragraph 5.6) says that The Carers and Disabled Children Act 2000 which came into force in April 2001 extends a carer’s right to an assessment to carers where the person cared for has refused an assessment or refused community care services. Carers of people with learning disabilities should benefit from all mainstream carer initiatives. Local councils need to ensure that information about all such initiatives reaches this group of carers, especially those from minority ethnic communities.

37. People with additional and complex needs such as those with severe and profound learning disabilities or those with challenging behaviour are likely to be at greater risk of being excluded from services. Boards should recommend policies and procedures for handling decisions to exclude people from services. These should be drawn up in consultation with service providers and commissioners and cover:
• Agreed criteria to be applied when considering exclusion
• Protecting the identity of individuals who are being excluded
• Arrangements for notifying decisions to Boards
• Procedures for arranging alternative services, which must be based on a person-centred approach
• Monitoring the number of exclusions and using that information to enhance development of competent local services which would reduce risk of future exclusions.

38. Boards should identify a member to lead on this task. The recommended policies and procedures should be forwarded to the relevant statutory body with a recommendation for action.

Health

39. Boards should agree a framework for the introduction of Health Action Plans with statutory bodies by summer 2003. By the same date there should be clearly identified health facilitators for people with learning disabilities. Health facilitation involves both casework to help people access mainstream health services and also development work with mainstream services to help all parts of the NHS develop the necessary skills. The key element is to help ensure good health care is delivered in primary and secondary care as well as by the specialist services.

40. Existing members of the community learning disability team could undertake the health facilitation role. Some who take on this function may be community learning disability nurses, others may be community support workers. Whatever their current role, all specialist health professionals should incorporate a health facilitation function within their current responsibilities.

41. Practice guidance on Health Action Plans (HAPs) will be available in spring 2002. All those who wish to have a HAP should be offered one. By summer 2005 all those wishing to have a HAP should have one.

Expanding Housing, Care and Support Options

42. In order to offer people with learning disabilities greater choice over where and how they live, local councils, the NHS and local housing authorities through the JIP process should work together with people with learning disabilities, carers and service providers to:
• Review the range and pattern of current housing, care and support provision;
• Plan how to expand choice for individuals including in particular how to achieve an appropriate mix of different housing, care and support service options locally.

43. People with learning disabilities should be given a genuine opportunity to choose between housing, care and support options. Local councils in considering the future housing, care and support needs of people with learning disabilities and their families should therefore ensure that all options are considered. These options should include small-scale ordinary housing, supported living and village and intentional communities as well as residential care. Councils should respect the preferences of individuals and their families, wherever the preferred options will meet individuals’ assessed needs and are affordable. Where there is limited demand for a particular option, councils and housing authorities may need to consider joining with neighbouring authorities to encourage the development of a greater range of provision.

44. Local councils and the NHS should co-ordinate their planning, commissioning and funding of care and support services with local housing authorities’ work to develop local housing strategies, prepare housing investment plans, devise choice based lettings systems, develop housing advice services and improve home adaptation services.

45. In carrying forward this work, local councils should draw on relevant work to implement Best Value, Better Care Higher Standards, Supporting People, the NHS Plan and other relevant policies and initiatives. Councils should also have regard to joint DTLR/DH guidance on housing, care and support options for people with learning disabilities that will be issued in due course.

46. Boards should recommend a local housing strategy for people with learning disabilities and related plans for the future commissioning of care and support services by winter 2003. This should be carried out within the context of the housing investment plans.

Day Service Modernisation

47. Learning Disability Partnership Boards should prepare modernisation programmes by 31 January 2003. These should show the steps needed to achieve modernised services by 2006 with particular reference to existing large day centres.

48. A person-centred approach to planning for people attending day centres will be essential for achieving effective modernisation.

49. Bridging finance to support the modernisation programme will be available from the Learning Disability Development Fund. Proposals for using these monies for this purpose should be included in the updated JIP.

Employment Opportunities

50. Valuing People sets a Government target of increasing the employment rate for people with learning disabilities and, thus, reducing the difference between their employment rate and the overall employment rate of disabled people. Boards should build on the Welfare to Work Joint Investment Plan, in particular the arrangements made for pooling and sharing information and for involving local agencies including the Employment Service and Benefits Agency. In pathfinder areas these two bodies together form Jobcentre Plus.

51. Learning Disability Partnership Boards should:

• identify an employment champion among their members;
• develop local employment strategies which should include plans for improving employment opportunities in the public sector and make recommendations accordingly;
• recommend local targets for the employment of people with learning disabilities.

52. The Employment Service (JobcentrePlus) can make an important contribution in this area. Through its Disability Employment Advisers, people with learning disabilities can access a range of programmes. These include Work Preparation, WORKSTEP (supported employment for disabled people not yet ready for independent work and needing sustained support), Access to Work (provision of equipment and services), and the Job Introduction Scheme (weekly grant of £75 towards the employment cost incurred during the first few weeks of employment). People on
incapacity benefits may be helped into work by the New Deal for Disabled People (NDDP). Since July 2001 the NDDP pilot programme has been extended with the gradual introduction of a national network of Job Brokers. They will be innovative and work closely with employers in order to secure sustainable work for those who volunteer to participate in the programme.

Quality

53. Learning Disability Partnership Boards should initiate action to develop recommendations for an integrated quality assurance framework that will apply across all agencies. The aim should be to have the framework in place by April 2002. In developing their recommendations Boards should pay particular attention to services for people with additional and complex needs. These include people with severe and profound disabilities, those with epilepsy, those with learning disabilities and autistic spectrum disorders, those who have challenging behaviour and older people. People in some of these groups are likely to be at greater risk of exclusion from services (see paragraph 35 above).

54. Local councils should ensure that services for people with learning disabilities are properly represented on adult protection management committees. They should also set up systems for recording incidents of abuse of people with learning disabilities.

55. The Department of Health will be issuing guidance on physical interventions later this year.

Workforce

Training and Qualifications

56. The Learning Disability Awards Framework (LDAF) was launched in May 2001. The Valuing People targets for increasing the proportion of qualified people in the workforce are:

- by April 2002 all new entrants to learning disability care services should be registered for qualification with LDAF
- by 2005, 50% of front line staff should have achieved at least NVQ level 2.

57. Information on LDAF can be found on the LDAF website http://www.ldaf.org.uk. Employers, employees and training providers can also make direct contact with the awarding bodies. They are the Open College Network and the City and Guilds Affinity and they will be able to provide information about providers of distance learning or local colleges. Employers will be able to advise on their own training programmes and any partnerships with which they are involved. TOPSS Regional Forums and Local Learning Partnerships will also have information.

58. Achieving qualifications through LDAF requires involvement of users and carers in the delivery of training. All agencies should ensure the involvement of people with a learning disability and their families in staff training at all levels, so that they play a larger part in service design and delivery.

Workforce and Training Plan

59. Boards should produce a Social and Health Care Workforce and Training Plan by summer 2002. This should cover staff who work with people with learning disabilities for the majority of their time in the statutory and independent sectors and those working in mainstream services, eg NHS staff, housing, social security, education and the police. The second category will benefit from training in order to achieve changes in the approaches, attitudes and support required for inclusion. This plan should be submitted to the relevant statutory bodies including the NHS Workforce Confederations with a recommendation for action.

The Workshop and Training Plan should also cover:

- user and carer involvement
- resourcing training and development needs across all local organisations
- recruitment and retention
- content and quality of health and social care professional training
- cultural competence
- commissioning practice
- effective leadership from a range of key players

Implementation Support Fund

60. The Department of Health has a central Implementation Support Fund of £2.3 million (including £300,000 from the Home Office’s Active Communities Unit budget) per annum for 3 years starting in this financial year (2001/02). The Fund will be spent on a range of projects to support implementation of Valuing People. These include developing and expanding advocacy services, setting up a National Information Centre, bringing levels 3 and 4 into the Learning Disability Awards Framework and commissioning practice guidance. Councils and health authorities are asked to note that funds for developing and expanding advocacy services will be available for new activity only, not for replacing existing funding.

Implementation Support Team

61. The Department of Health is recruiting an Implementation Support Team with a Director and 8 workers, one based in each of the SSI social care regions, to promote effective delivery of Valuing People. These posts will be advertised shortly. Those interested in further information should contact the relevant regional lead.

Monitoring

62. The Government will ensure that existing performance assessment mechanisms across health, social services, education, employment and housing are used to monitor progress towards achieving the Government’s objectives and sub-objectives in Valuing People. SSI’s arrangements for assessing social services performance will have an important contribution to make in monitoring progress.

Related Guidance

63. Annex C lists forthcoming guidance documents to be issued by the Department of Health.

Annexes

Annex B: Learning Disability Development Fund
Annex C: Frameworks, Plans, Reviews, Strategies and Guidance
Annex D: Objectives and sub-objectives
Annex E: Contacts in SSI Social Care Regions and NHS Regional Offices
FRAMEWORK FOR THE LEARNING DISABILITY JOINT INVESTMENT PLAN

1. Partnership Boards should update learning disability JIPs to include local action plans for implementation of *Valuing People*.

2. The updated JIP should not repeat material already included in the 2001 JIP, but should:
   - Provide additional material to ensure the JIP fully reflects the proposals in *Valuing People*.
   - Identify proposals and actions from the 2001 JIP that are no longer being pursued as they are not consistent with the proposals in *Valuing People*.

3. The updated JIP should be concise and ensure that, together with the main 2001 JIP, it presents a comprehensive local analysis and action plan in response to the proposals in *Valuing People* as they apply to adults. Partnership Boards should ensure that an accessible version of the JIP is produced for people with learning disabilities and that the main text is sufficiently clear to be accessible to the public as a whole.

4. The updated JIP should be consistent with the approach in the Department of Health’s LD JIP Workbook and should use the proforma which can be downloaded from the DH website. Both the proforma and the workbook will be available from September.

**Needs Analysis**

5. The JIPs should start with a needs analysis, using the framework in the JIP Workbook, and bringing in information from:
   - views and wishes of local people with learning disabilities, their families and other stakeholders
   - local information on needs, both current and projected (e.g. from care management systems, housing needs surveys, school leaver projections)
   - national information on incidence, prevalence and epidemiological trends
   - evidence on good practice, including services and supports different from those available locally
   - statutory requirements and policy guidance
     - national and local performance indicators

**Resource Analysis**

6. In describing and analysing the resources available to the Partnership Board, the JIP should pay particular attention to:
   - Seeking to quantify resources in terms of person centred outcomes, rather than traditional service-based definitions
   - Identifying mainstream and other resources outside the traditional health and social services budgetary framework
   - Describing an action plan to improve the quality and accuracy of financial and demographic data over the coming period

**Actions to Achieve the Valuing People Objectives**

7. The updated JIP should focus on the action required to enable local agencies to meet the objectives in *Valuing People*. The children’s objective and associated sub-objectives are not covered by this JIP and will be addressed through the Quality Protects programme and annual Quality Protects Management Action Plans. Relevant aspects from the QP MAPs will need to be included to support any capital bids for developing integrated health and social care facilities for disabled children.
8. The JIP should set out in detail proposals for using the Learning Disability Development Fund in relation to the specific priorities outlined in this guidance. Such proposals should be delivered through pooled budgets.

9. The Quality Protects Management Action Plan is the appropriate starting point for considering capital bids for the Development Fund for developing integrated health and social services facilities for children and young people with severe disabilities and complex needs.

**JIP Development Process**

10. *Valuing People* sets out the Government's expectations for the involvement of all stakeholders in local planning processes, especially people with learning disabilities and carers. Participation should not be limited to those bringing money and other resources. People with learning disabilities and carers should be involved from the outset, not merely asked to comment on proposals previously developed by the statutory bodies. The JIP should describe the development process and set out in relation to each stakeholder in the Board:

- When and how each stakeholder was involved
- For representative stakeholders (e.g. people with learning disabilities, carers, the independent sector) how the views of wider stakeholders were obtained

**Underpinning Themes**

11. Learning Disability Partnership Boards should illustrate throughout how it is intended local services will:

- Reflect local cultural diversity in a competent manner
- Ensure that the needs and wishes of people with learning disabilities are included in the full range of other, mainstream and specific policy and service initiatives.
- Ensure a partnership approach to addressing the identified issues.
ANNEX B

LEARNING DISABILITY DEVELOPMENT FUND

Revenue

1. The revenue element of the fund has been created from that element of the old long stay adjustment within general health allocations which is released as former long stay patients die. As a result of the census of old long stay patients at April 2001 revenue will be made available from April 2002 for the following priorities:

- modernising day centres;
- completing the rep rovision of the remaining long-stay hospitals to enable people to move to more appropriate accommodation by April 2004;
- developing supported living approaches for people with learning disabilities living with older carers;
- promoting the further development of advocacy;
- supporting the wider introduction of person-centred planning;
- enhancing leadership in learning disability services.

2. In order to enhance leadership in learning disability services a small amount will be used to support the Implementation Support Team that will include a development worker for each region. The bulk of the revenue element of the Development Fund will be distributed pro-rata under the normal allocation formula, and will be subject to a direction that it be deployed under the Health Act 1999 flexibilities as part of a pooled fund for learning disability. Health authorities will be given indicative figures for their area along with their general allocations in the autumn.

3. Proposals for using the revenue should be included in the updated Joint Investment Plans which are required to be submitted by 31 January 2002. These should focus on using the revenue to contribute to the costs of one or more of the first 5 priority areas listed in paragraph 1. Release of the revenue element of the Development Fund will be subject to the social and health care regions of the Department of Health being satisfied that the JIPs are acceptable and that there is evidence that there are satisfactory partnership arrangements in place.

Capital

4. £20m is available in 2002/2003 for the following priorities:

- enabling local providers to develop specialist services for people with severe challenging behaviour; eg small step-down facilities to enable people to move on from more secure accommodation, additional homes to reduce reliance on out of county placements, respite care homes.
- developing integrated health and social services facilities for children and young people with severe disabilities and complex needs; eg development of new facilities or refurbishment of existing Child Development Centres to create integrated facilities providing all the different therapy and other services disabled children require.
- developing supported living approaches for people with learning disabilities living with older carers.

5. The capital element of the Development Fund may only be used where it is deployed as part of pooled funds under the Health Act 1999 flexibilities.

6. Bids should be submitted as part of the updated JIPs which should also include the relevant part of the Quality Protects MAP (see JIP annex). The bids should include the following information:
• partners in the project
• needs to be addressed and desired outcomes
• details of capital and revenue costs
• how the bid will make best use of capital (eg through matched funding; partnership with Housing Associations etc)
• supporting infrastructure for scheme
• how revenue consequences will be met
• timetable (the money will need to be fully spent in the year it is allocated.)

Health and social care regions will be jointly responsible for assessing and prioritising bids. Final decisions will be taken centrally.
FRAMEWORKS, PLANS, REVIEWS, STRATEGIES AND GUIDANCE

This Annex sets out the timetable for Partnership Boards to produce frameworks, plans, reviews and strategies. It also lists statutory and practice guidance to be issued by the Department of Health between now and spring 2002.

Section 1: Timetable for Partnership Boards on Frameworks, Plans, Reviews and Strategies

Winter 2001/02

The updated JIP (by 31 January 2002)

Spring 2002

Framework for introduction of person-centred planning

Quality assurance framework

Summer 2002

Workforce and Training Plan

Autumn 2002

Review of role and function of community learning disability teams

Winter 2002/03

Employment strategy

Day service modernisation plan (end January 2003)

Housing strategy

JIP

Summer 2003

Health Action Plan framework and identification of health facilitators

Section 2: Guidance to be issued by Department of Health

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>WHEN</th>
</tr>
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<tbody>
<tr>
<td>Physical interventions *</td>
<td>Autumn 2001</td>
</tr>
<tr>
<td>Self-advocacy for people with learning disabilities from minority ethnic communities**</td>
<td>Autumn 2001</td>
</tr>
<tr>
<td>Involvement of people with learning disabilities In decision making**</td>
<td>Autumn 2001</td>
</tr>
<tr>
<td>Partnership working **</td>
<td>Winter 2001/02</td>
</tr>
<tr>
<td>Person centred planning**</td>
<td>Winter 2001/02</td>
</tr>
<tr>
<td>Health Action Plans **</td>
<td>Spring 2002</td>
</tr>
<tr>
<td>Housing care and support options**</td>
<td>In due course</td>
</tr>
</tbody>
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*Statutory guidance ** Practice guidance
OBJECTIVES AND SUB-OBJECTIVES

(Extract from Annex A of Valuing People)

OBJECTIVE 1: DISABLED CHILDREN AND YOUNG PEOPLE

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.

BY:

Sub-objective 1.1
Ensuring early identification of disabled children to enable them to access appropriate and timely intervention and support

Sub-objective 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.

Sub-objective 1.3
Increasing the number of disabled children in receipt of a range of family support services and the number of hours provided.

Sub-objective 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.

Sub-objective 1.5
Ensuring that disabled children receive appropriate health care throughout childhood so as to enable them to participate fully in education, family and community life.

Sub-objective 1.6
Increasing the number of disabled children who use inclusive play, leisure and cultural services including holiday play schemes, after schools clubs and pre-school provision with appropriate support if necessary.

The above sub-objectives build on existing Government Objectives for Children’s Social Services and will be finalised in the autumn Quality Protects circular.

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.
Sub-objective 2.1
Ensuring that each Connexions partnership provides a full service to learning disabled young people by identifying them, deploying sufficient staff with the right competencies and co-ordinating the delivery of appropriate supports and opportunities.

Sub-objective 2.2
Ensuring effective links are in place within and between children’s and adult’s services in both health and social services.

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 advocacy and a person-centred approach to planning the services they need.

BY:

Sub-objective 3.1
Promoting the rights of people with learning disabilities

Sub-objective 3.2
Enabling advocacy to be available for people with learning disabilities who want or need it.

Sub-objective 3.3
Making direct payments available to all those people with learning disabilities who request them and who meet the requirements of the scheme.

Sub-objective 3.4
Developing locally agreed protocols and procedures to ensure services are based upon a person-centred approach.

Sub-objective 3.5
Ensuring that people with learning disabilities are fully and actively involved in all decisions affecting their lives.

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.

BY:

Sub-objective 4.1
Assessing the needs of carers and putting in place the services required

Sub-objective 4.2
Establishing a complete picture of the number of older carers (ie those aged 70 and over) in the local area in order to plan services in partnership with them.

Sub-objective 4.3
Providing services and support that meet the needs of carers from minority ethnic communities.

Sub-objective 4.4
Making sure that all agencies work in partnership with carers, recognising that carers themselves have needs which must be considered.
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.

BY:

Sub-objective 5.1
Reducing the health inequalities experienced by people with learning disabilities.

Sub-objective 5.2
Enabling mainstream NHS services, with support from specialist learning disability staff, to meet the general and specialist health needs of people with learning disabilities.

Sub-objective 5.3
Promoting the development of NHS specialised learning disability services which are evidence based and delivered with a focus on the whole person.

OBJECTIVE 6: HOUSING

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

BY:

Sub-objective 6.1
Increasing the range and choice of housing open to people with learning disabilities in order to enable them to live as independently as possible.

PAF PERFORMANCE INDICATOR: B14 Unit Cost of residential and nursing care for adults with learning disabilities

Sub-objective 6.2
Ensuring people with learning disabilities and their families obtain advice and information about housing from the appropriate authorities.

Sub-objective 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.

OBJECTIVE 7: FULFILLING LIVES

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.

BY:

Sub-objective 7.1
Modernising day services to enable people to exercise real choice over how they spend their days.

Sub-objective 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.

Sub-objective 7.3
Enabling people with learning disabilities to make full use of transport and access mainstream community and leisure services.

Sub-objective 7.4
Supporting parents with learning disabilities in order to help them, wherever possible, ensure their children gain maximum life chance benefits.

Sub-Objective 7.5
Making sure that people with learning disabilities receive the social security benefits to which they are entitled.

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.

BY:

Sub-objective 8.1
Ensuring that more people with learning disabilities find appropriate employment, including supported employment, which makes the most of their talents and potential.

Sub-objective 8.2
Making sure that people with learning disabilities are actively helped to access employment related advice and guidance through mainstream and specialist advisory services.

Sub-objective 8.3
Ensuring that public services provide a lead in the employment of people with learning disabilities.

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.

BY:

Sub-objective 9.1
Demonstrating that people with learning disabilities and their families are increasingly satisfied with services provided.

Sub-objective 9.2
Ensuring that the needs of people with learning disabilities from minority ethnic communities are recognised and addressed through the provision of appropriate services.

Sub-objective 9.3
Ensuring that local quality assurance frameworks for social care and health meet the needs of people with learning disabilities.

Sub-objective 9.4
Ensuring people with learning disabilities receive best value from publicly funded services.

**Sub-objective 9.5**
Ensuring that local adult protection policies and procedures (including those for protecting vulnerable victims and witnesses of crime) are in place and fully complied with.

**OBJECTIVE 10: WORKFORCE 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.

**BY:**

**Sub-objective 10.1**
Introducing the new national framework for training, competencies, qualifications and skill levels in the learning disability workforce.

**Sub-objective 10.2**
Promoting awareness among the wider workforce (in areas such as housing, the wider NHS, transport and the Department of Social Security) of the skills, attitudes and knowledge needed to work with people with learning disabilities in a positive and respectful manner.

**Sub-objective 10.3**
Ensuring that local workforce plans are developed.

**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.

**BY:**

**Sub-objective 11.1**
Establishing local Learning Disability Partnership Boards to take responsibility for local delivery of the White Paper, led by the local council and with the active participation of all key stakeholders.

**Sub-Objective 11.2**
Making effective use of the Health Act flexibilities

**Sub-objective 11.3**
Promoting effective partnership working by staff from all relevant disciplines and agencies
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