



**Response from the Association of Directors of Adult Social Services to
the Department of Health's consultation
'Valuing people now: from progress to transformation'**

Introduction

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, ADASS members often also share a number of responsibilities for the commissioning and provision of housing, leisure, library, culture, arts and community services within their Councils.

The Association is able to bring together tremendous breadth, depth and accumulated experience on all issues covering managerial policy and professional activities of Adult Social Care departments and cross cutting issues with Children's Services departments and NHS organisations.

Our members are jointly responsible through the activities of their departments for the well-being, protection and care of thousands of vulnerable people and for the promotion of that well-being and protection through the use of direct services as well as the co-ordination of and liaison with the NHS, voluntary agencies, private companies and other public authorities.

Our members have leadership responsibilities in Local Authorities to promote local access to services and to drive partnership working to deliver better outcomes for local populations. They participate in the planning of the full range of council services and influence Health Service planning through formal and informal Local Strategic Partnership arrangements.

Background

The Association of Directors of Adult Social Services is pleased to respond to this consultation Valuing People Now. This response has been written by the ADASS Learning Disabilities Policy Network. Members of the Network are involved in ongoing work and consultation with the Department of Health regarding the future development of services for people with learning disabilities.

This response follows the format of the questionnaire that accompanied the consultation document.

The Big Priorities

Do you agree that we should identify a small number of priorities and give them more attention? Yes

Do you think that the priorities we have identified are the right ones? Yes

Personalisation (choice and control) Yes

What people do with their days (including work) Yes

Better health Yes

More Choice about housing Yes

Making Valuing People Happen Yes

Any other topics you think should also be one of the Big Priorities?

- Employment for people of working age should be a big priority of its own
- Support for carers
- Helping people to stay safe and confident living in their communities (this is a key concern raised by people with LD and their families)

Other comments about the Big Priorities?

The first 4 Big Priorities are outcomes – and it would be better to badge them as such. Making VP Happen is not an outcome (although it is very much a priority because the key requirements are around personalised, inclusive, comprehensive and funded implementation strategies).

There is nothing that recognises the funding implications of achieving the Big Priorities. As the annual ADASS/LGA survey reveals, local authorities are encountering acute budget pressures in meeting the needs of people with LD.

This section would benefit from closer reference to, and cross checking the 5 Big Priorities and 6 “wider agenda” areas with the original VP objectives and the 7 outcomes in OHOCOS

Finally, the Big Priorities say very little about the emerging demographics – especially the rising numbers of older people with LD (who often have very elderly carers).and the rising numbers of young people with very complex needs.

Please tell us what you think about the different sections on Valuing People Now
 We would like you to tell us whether you think they have identified the right issues and actions, whether you disagree with anything, or whether we have missed out important things. Please mark the boxes, then put any comments at the end.

Section	About Right	Missing Something	Has Things I Disagree With
Personalisation	X		
What people do during the day		X	
Better Health		X	
Improving People's Housing Situations		X	
Advocacy and rights		X	
Partnership with Families		X	
Including Everyone		X	
People as Local Citizens		X	
Transition		X	
Improving the Workforce		X	
National and Local leadership		X	
Better commissioning		X	
Checking How We Are Doing		X	

Comments:

- 1. Personalisation** – VPN divorces PCP from support planning. The issues being faced by local authorities at the moment is how we ensure that PCP principles and methods inform support planning – NOT that we duplicate PCPs and Support Planning in achieving the personalisation outcome.
- 2. What people do during day** – This section needs to explicitly reference people with the most complex needs. It also needs to acknowledge that access to dedicated and adapted physical space is sometimes very necessary for this group of people (in order to meet their specialist needs with dignity and privacy). We also know that people who are already well engaged in local community activities and facilities still value guaranteed access to some “dedicated” space in that community (which, of course, can be an existing community resource such as a community centre). Buildings, therefore, continue to have a role to play in achieving this Big Priority. This section says little about the response required from other services and the wider community in order to support people with LD. It is the absence of this response from other services that causes very real fear amongst self advocates and carers when they engage in discussions/proposals about the transformation of day services. With regards to employment, - this section needs to reinforce that jobs must be quality (as opposed to quantity “Mc”) jobs, that people should be better off as a

result of being in work and that public agencies (such as local authorities and the NHS) should role model best practice in this area. We would also liked to have seen greater emphasis given to the key role of further and life long education and DWP in preparing and equipping people with LD for employment (especially as all local authorities are reporting the wholesale reduction of further education services and courses available to people with LD).

3. **Better Health** –needs to reference the place shaping role of local authorities and the leadership role of the DASS for securing the health and wellbeing of people with LD. The final version of VPN should also reference the detailed findings of *A Life Like No Other* –and the endemic failure of the NHS to meet the needs of people with LD. This section should also emphasise the potential that local health and well being strategies have to make to the wider well being (as opposed to ill health) of people with LD. Practice based commissioning at the local level provides the most powerful driver for improved health outcomes for all – including people with LD. The role of GPs and other primary care professionals needs greater emphasis (including dentistry)
4. **Housing** – section is overly focussed on people with tenancies rather than owning their own homes. Needs to make explicit reference to role of Housing Corporation in providing capital assistance in order to develop mixed tenure (included shared equity) small scale schemes. In addition, there is learning to be done from development of extra care schemes for elders within the LD arena. The reference to Supporting People needs to refer to the importance of floating support services.
5. **Advocacy and Rights** – focus on self advocacy is welcomed. Need more information about the advocacy improvement programme with its regional and national focus. BUT the key requirement is to ensure that effective and enduring self advocacy at the local level is adequately funded and supported (otherwise there is the risk that we will develop effective and expert regional and national self advocacy - but suffer from a paucity of this expertise at the local level).
6. **Partnership with families** –generally very positive about this section - but need specific reference to the role of very elderly carers (who may have their own care needs). Needs to recommend local management of change programmes Partners in Policy Making type schemes should be mainstreamed across the country – as well as dedicated outreach to older family carers.
7. **Including everyone** –there is a general sense throughout VPN that the specific needs of people with the most complex needs and people from MECs are overlooked. – this is therefore a very well received section. The role of the probation service needs to be highlighted.
8. **People as local citizens** – nothing about voting rights and voting activity of people with LD. The focus on hate crime is very welcome. Our collective experience reveals the importance of adult safeguarding practice in responding to hate crime concerns (especially those which do not result in criminal proceedings). Some police forces (e.g., Cornwall) have dedicated adult protection police officers and have developed their skills in identifying and working with people with LD- this needs to be promoted as good practice. This section could highlight the need for better joint working across local Safeguarding Adults Boards, LDPBs and Crime and Disorder Reduction Partnerships (in preventing and responding effectively to hate crime experienced by people with LD). The current review of No Secrets needs to

strengthen the duty to co-operate in local safeguarding arrangements. The section on transport needs to recognise that achieving personalisation should result in improved access to transport (e.g. via their PAs). The relationship section needs to refer to the potential of the internet in assisting range of relationships (e.g. facebook and dating agencies)

9. **Transition** – This section is only about transition to adulthood – nothing about transition to older person’s services or the interface with mental health services and substance misuse services. These are important omissions.
10. **Improving the workforce** – Adult social care workforce planning needs to link with children’s services. Need for some checks and balances in the PA workforce – e.g. CRB checks and good practice toolkit for VCS acting as brokers – but not registered as domiciliary care services as set out by CSCI.
11. **National and local leadership** – confusion at 15.2.5 – regional advisors through the regional office but central VP team doing the cross government work – how will they link together? It is very positive that there are dedicated indicators in the NIS198 – and that the NHS Operating Framework has clarity about LD. We agree with the suggestion to introduce a statutory requirement for public bodies to consult partnership boards
12. **Better Commissioning** - ADASS has some key questions about the mechanics of the proposed NHS transfer. Whilst being fully supportive of the motives behind the proposal and in agreement with the belief that local government is better placed than the NHS to deliver the rights of citizenship and inclusion, it is concerned that the transfer will not be adequately funded (A Life Like No Other reveals widespread underinvestment by the NHS in these services). ADASS is supportive of the Learning Disability Coalition’s call for a Wanless type review for LD services. This section needs to make explicit reference to the importance of user led commissioning activity and skills – there are a number of local authority areas where people with LD and their carers have participated fully in strategic commissioning activities. A Life Like No Other reveals significant commissioning deficit in the NHS.

There are some questions where we are particularly interested in knowing what you think. Please answer the following questions:

Do you agree that a major focus on supporting people into paid work should be at the centre of planning day service changes? Yes

Comments:

This is the correct focus – but it does need to accept that some people (e.g., older people with LD) are not going to want to have a job and others might wish to work only part time. ADASS would be opposed to any sense of imperative here. VPN also needs to reflect upon the barriers to employment created by current welfare benefits rules

Do you agree that people should be offered regular comprehensive health checks? Yes

Comments:

Role of primary care liaison LD nurses are especially important here for the promotion of well being (as well as the treatment of illness). The quality of the health checks is of greater importance than the quantity.

Do you agree about the increased focus on people having assured tenancies and owning their own homes? Yes

Comments:

The main issue about access to assured tenancies pertains to the shortage in supply – and the disadvantage that individuals with LD face under choice based letting systems. Shared equity provides the key way for people with LD to own their own homes.

Do you agree that Partnership Boards should continue – but helped to be more effective? Yes

Comments:

The proposed statutory duty to consult with the LDPB will improve engagement by all public agencies. The checklist of effective LDPBs should include monitoring the progress of commissioning and action plans by agencies. ADASS also considers the seniority of membership of LDPB by statutory agencies as pivotal in ensuring the effectiveness and profile of the work being undertaken by the LDPB.

Do you agree with funding and commissioning of learning disability services (apart from what is clearly healthcare) moving from the NHS to local government? Yes

Comments:

Yes – provided the funding transferred from the NHS is adequate, fair and transparent. At the moment, it would appear that the DoH is describing the parameters of the funding transfer as either the previous NHS “budget” or “spend”. This ignores any analysis of much PCTs should be spending and any improvement premium that is needed – without which improved outcomes for people would be compromised and financial and performance deficits in the NHS would be shunted onto local government. There needs to be a programme of “national support” to oversee the level of transfer at the local level is required (NOT a conciliation and arbitration service) – and the level of funding transfer should be subject to the approval of the LDPB at the local level. Obviously, the relevant NHS commissioners should transfer as part of this proposal. Finally here, a potentially perverse outcome pertains to eligibility criteria: we need to ensure that people currently receiving support from their PCT do not lose their support at the point of/after transfer because of the local authority’s eligibility criteria.

Overall:

Do you think that Valuing People Now has identified the most important issues for the next three years? In some ways – but some important things are missed

Comments:

Older people with learning disabilities are conspicuous by their absence. Support for carers should be a Big Priority. The numbers of people with LD falling outside LA

eligibility criteria – and the level and adequacy of support they receive – is of key priority yet VPN has very little to say about this.

Do you think the actions proposed in Valuing People Now will help change things:

A bit

Comments

VPN is stronger on vision and aspiration than action planning and monitoring of implementation. This consultation should evoke a detailed action plan (that ADASS would be very pleased to contribute towards). VPN is strong in its focus on health and social care arrangements – but weaker around the role and contribution of other agencies in achieving better outcomes for people and their families.

**John Dixon
Vice President ADASS**

**Carol Tozer and Nicola Bailey
Co-Chairs of ADASS Learning Disabilities Policy Network**

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