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To: Cabinet – 17 March 2008

Subject: **VALUING PEOPLE NOW – FROM PROGRESS TO TRANSFORMATION**

Classification: Unrestricted

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**Summary:** *Valuing People Now* is an urgent “revitalisation” of the national learning disability strategy. It sets clearer targets and arrangements for performance management. It proposes the transfer of non-specialist healthcare NHS budgets and commissioning responsibility for this group to Local Authorities and stronger local leadership by the Learning Disability Partnership Board.

These proposals are out for consultation till 28 March 2008. Our view in Kent is that we will make two responses: a broad response on all the proposals lead by the LD Partnership Board; and a specific response by KCC and the NHS in Kent on issues arising from the organisational and financial proposals between these two statutory partners.

The Learning Disability Partnership Board, working through its constituent District Partnership Groups, is considering these new proposals and we are working towards a county-wide consultation event on 18 March with the National Director of Learning Disabilities. At Cabinet we will bring a presentation by a service user group Voice4Kent who have been leading part of the consultation.

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## Background

1. (1) *Valuing People (2001)* was conceived in the early years of the Labour Government as an initiative by a Minister, aware that other priority groups (Children, Older People, Mental Health, etc) were being reviewed and National Service Frameworks developed. It was issued as a White Paper in 2001 though without the targets and funding plans that were part of NSFs. It has been seen as a groundbreaking strategy with its clear focus on rights and inclusion. However it has not – so far – achieved the transformation that was hoped for of “an ordinary life in the community alongside fellow citizens as described by human rights legislation and the Disability Discrimination Act”. There has been progress for some people, but little change for most.

(2) Learning Disability is defined as having 3 elements: significantly impaired intellectual functioning; significantly impaired social functioning; which emerged before adulthood. *Valuing People* estimates this affects 2.5% of the general population which in Kent would be 35,000 people. Additionally 1,500 people are placed into residential care in Kent, mainly from London. And people with Autistic Spectrum Disorders are often directed towards learning disability services ; 1% of the general population have ASD which means

13,000 people in Kent - though only 20% of these have a learning disability. KASS and the NHS work with a total of 4,000 adults with learning disabilities, so most people are looked after by their families.

(3) We have developed a Learning Disability Partnership Board structure with a number of strengths – particularly excellent participation of people with learning disabilities and some family carers. Due to the size of Kent we developed a District structure of Partnership Groups (DPGs) and the joint chairs (one with a learning disability, one without) come together federally to form the core of the Partnership Board. This year we have been strengthening governance arrangements and are building more capacity into these groups to manage their agenda.

(4) **Valuing People (2001)** set out the government's proposals for improving the lives of people with learning disabilities and their family and carers. The document is based on 4 main principles:

- i) All people with learning disabilities have the same rights as other citizens.
- ii) We should believe someone is independent first, rather than dependant. Public services should provide the support needed for independence.
- iii) People with learning disabilities should be able to make real choices. Support should be provided for all including people with severe and profound disabilities.
- iv) People with learning disabilities should be supported to be fully included in their local community.

(5) It required that Partnership Boards be established in each Local Authority area to build in greater leadership by people with learning disabilities and family carers. And it outlined the key areas that needed to be developed (see Appendix 1)

(6) **Working Together in Kent (2002)** was a local multi-agency plan approved by KCC cabinet and the Health Authority to implement aspects of *Valuing People*, particularly those relating to statutory sector developments (see Appendix 2)

(7) **Valuing People Now (2008)**. The original strategy has been reviewed by a cross-government group led by Ministers from the 3 Departments of: Health; Work and Pensions; and Children, Schools and Families. Their aim is to achieve policy and practice coherence so that the limited progress that has been achieved can extend much further. They acknowledge that "progress" has been achieved but they state that what is needed through the new strategy is nothing less than the "transformation" of the lives of people with learning disabilities and family carers.

(8) *Valuing People Now* is not simply "warmed up policy" but an urgent revitalisation of a programme that is seen not to have achieved major objectives. The review by the National Director [*The Story So Far 2005*] found that whilst there had been some improvements, life was not much better for many people. It pressed for stronger leadership from local authorities, particularly through using its corporate reach and influence.

(9) *Valuing People Now* re-presents the strategy more sharply and urgently (see Appendix 3). It reaffirms *Valuing People* and sets out:

- 4 top priorities with targets, actions and performance monitoring (i) personalisation (ii) health (iii) daytime/employment (iv) housing]
- An overarching priority to make it happen through (v) stronger leadership arrangements, with a major strengthening of LD Partnership Boards – this is seen as the major challenge
- An updated presentation of the other main targets (vi) advocacy & human rights (vii) partnership with families (viii) including everyone, specifically people with complex needs (ix) citizenship within local communities (x) Transition (xi) workforce development → new ways of working
- Key organisational developments, including the transfer of NHS commissioning responsibility and budgets to Local Authorities

### Issues for Kent.

2. (1) Leadership and accountability. *Valuing People Now* is a strategy for all learning disabled citizens of Kent (ie not just those supported through KCC). We need to develop more effective systems through:

- a) Strengthening the leadership and influence of LD Partnership Board through:
  - i) electing a lead Member or Managing Director as joint chair with a person with LD
  - ii) establishing a policy that the Partnership Board is consulted on all key LD issues, and District Partnership Groups on all key local issues
  - iii) identifying the level of infrastructure support (Finance / Planning etc) to Partnership Board/DPGs so they have the capacity to work effectively
  - iv) The Partnership Board holding accountable all Kent systems that relate to Learning Disability. For example, the performance of KASS or Kent's progress in achieving relevant LAA targets.
- b) Partnership Board to establish a working relationship with the Local Strategic Partnerships
- c) Strengthening the Performance Management focus on LD within Kent
- d) Corporate and System-wide Leadership to enable people with learning disabilities to live full and productive lives as welcome members of their local communities. To have clear links with the Supporting Independence Programme and other related corporate agenda. Development of a common programme with Communities and CFE. Particular focus on localities and community building and Local Boards. Strong agenda with the NHS to raise standards, and with District Councils on Housing and local citizenship.

(2) Organisational Development and Change.

- a) Prepare for the transfer of commissioning responsibility and budgets from the NHS.
  - i) Identify key risks as part of the consultation on *Valuing People Now*
  - ii) Identify the likely commissioning model in KCC that can incorporate NHS commissioning

(3) The following comment has been drafted by KASS Director of Resources for inclusion in our consultation response:

“We welcome the discretion in 16.2.4 for the financial transfer to be locally negotiated, and we also agree that, once the appropriate amount has been determined, the money should be fixed in perpetuity, and transferred by the usual Government funding regimes. However as this is a transfer of responsibility, and the funds are dedicated to the continued needs of a known cohort of people, Government must do all it can to avoid any volatility in applying the new regime. The recent experience of transferring LDDF, where the application of a different formula for distribution resulted in winners and losers cannot be allowed to happen here. Any loss of funds, through the inappropriate application of a formula would have a direct impact on authorities’ ability to sustain current levels of support to existing service users.

- b) Advance the introduction of Self-Directed Support arrangements and Individual Budgets, being led through the ALFA programme in KASS, so that people with learning disabilities and family carers can control their own lives as far as possible. This will involve KCC developing new roles, changing commissioning and financial management arrangements, and making a further shift towards working in partnership with its more disadvantaged citizens

## Process

- 3. (1) We are planning two forms of report from the consultation
  - a) The Learning Disability Partnership Board is leading a Kent-wide consultation process on the detailed proposals in *Valuing People Now* and will prepare a report . This will include a presentation to Cabinet in March
  - b) KCC will prepare a report detailing its comments on any proposals that relate primarily to itself, primarily that of transferring budgets and responsibilities from the NHS

(2) As *Valuing People Now* is not new policy but presents familiar targets, with the pressure to “do it this time” we are not expecting many alternative proposals to be developed, though some of them may be given a Kent shape or strengthened. So we are using this period to develop our implementation proposals

## Recommendation

4.

*Background Documents:*

*Valuing People A New Strategy for Learning Disability for the 21<sup>st</sup> Century* (2001) Cm5086

*Strategic developments in services for people with learning disability* (11 February 2002)  
KCC Cabinet Report on *Working Together in Kent*

*The Story So Far...Valuing People* (2005) Department of Health Gateway Ref 4678

*Valuing People Now - From Progress to Transformation* (2007) DoH Gateway Ref 8854

<http://www.dh.gov.uk/en/Policyandguidance/SocialCare/Deliveringadultsocialcare/Learningdisabilities/index.htm>

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## Valuing People

The core principles are to promote the:

- **rights** of people with learning disabilities
- greater **choice**
- **independence**
- **inclusion**

The target areas are well known:

1. **Disabled children and young people.** Other service groups have the lead in this area, but we need to maintain good communication and joint working so that there is more coherence to the whole life/whole system aspects of people's lives
2. **Transition** is a core responsibility of the Partnership Board
  - Making the **Connexions Service** work for people with learning disabilities is part
  - ensure that all young people have a person centred plan from 2003
  - continuity in health care and good links in social care
3. **More choice and control.** We must enable people to have as much choice and control over their lives as possible. We have some core targets:
  - To develop **advocacy** (including for people from black and minority ethnic groups)
  - Really extend **Direct Payments**
  - Have **Person Centred** approaches and attitudes as the basis of all we do. This includes developing systems of person centred planning.
  - Involve people with learning disabilities in **policy development and decision making**
  - Develop effective ways of **communicating information**
4. **Supporting Carers.** This is based on an attitude of working with carers as partners, and giving due weight to the experience and centrality of the carer in the life of the person with learning disability. Core targets are:
  - Focusing on the needs of older carers (over 70)
  - Developing appropriate supports for carers from black and minority ethnic groups
5. **Improving Health.** There are a series of targets aimed at reducing the health inequalities experienced by people with learning disabilities. They include:
  - **Health Action Plans**
  - **Better access to mainstream NHS services**
  - Appropriate **specialist services**
6. **Housing.** To enable people to have greater choice and control over where they live
7. **Fulfilling Lives:**
  - **Modernise day services** (by 2006)
  - **Education & Lifelong learning**
  - **Employment / income / benefits**
  - **Transport**
  - **Leisure & relationships**
  - **Parents with a disability**
8. **Quality.** All services commission and provide high quality, evidence based and continuously improving services which promote good outcomes and best value.
  - **User experience / satisfaction**
  - **Minority ethnic groups**
  - **Vulnerable adults**
  - **Best value / better use of resources**
  - **Workforce training & planning**
  - **Developing Leadership**, including people with learning disabilities
  - **People with additional and complex needs**

### Working Together in Kent

The core elements of this strategy are:

1. All service development and planning must be based on the **values and principles** that were agreed
2. A **unified single commissioning process**
  - Initially between Health and Social Services (ie extending to other groups such as Education and Housing, and including people with learning disabilities and carers)
  - With shared and pooled budgets
  - Enabling cross-Kent strategic developments
3. The **Kent Partnership Board** will be established as the context within which commissioning and other developments take place
4. **Integrated Working** within Districts
  - Integrated teams with a core membership from Social Services and Health and incorporating representatives from other agencies
  - Secondment of health staff / Management by KCC
5. **District structure of commissioning** to ensure services are locally responsive and accountable. Clear links to the Partnership Board.
6. **Modernise Day Services** in line with principles of Person Centred Planning and *Valuing People*
7. **Residential provision**
  - Transfer provision in the statutory sector to the independent sector
  - Decide whether provision needs to be retained / developed for people with complex needs
8. **Reconfigure health provision.** Establish the lead roles of PCTs and the appropriate employment arrangements for health staff