DH Department of Health

Commissioning Specialist Adult Learning Disability Health Services

Good Practice Guidance

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Good Practice Guidance

Prepared by Office of the National Director : Learning Disabilities

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Executive summary

The commissioning of specialist health services for people with learning disabilities is an important function of Primary Care Trusts – in partnership with their local authority colleagues. A number of recent reports, most noticeably the Healthcare Commission reports into abuse in Cornwall and Merton and Sutton, have shown that these services are not always commissioned effectively and in line with best practice. In response to this, Ministers promised that the Department of Health would produce this good practice advice on commissioning these services.

This advice draws on best practice from across the country and provides direct help to commissioners that, if followed, will result in an improved quality of specialist learning disability health services. It covers descriptions of:

- The changing demand for and supply of services
- How these services fit into the wider changes in the NHS
- The policy context
- Detailed descriptions of the different component parts of specialist learning disability health services
- A resource guide for further information and support

The Valuing People Support Team are available to help both commissioners and providers make use of this good practice advice over the coming months.

Whilst the Valuing People policy is, quite rightly, a policy based on promoting the rights of people with learning disabilities and their social inclusion, this can only be achieved if people have the right services and supports to meet the health needs that arise directly from their learning disability. Such services have not always, in the past, been delivered in a way that helps to promote social inclusion. This guidance is an important tool in helping to ensure that this is the case in the future.

Rob Greig
National Director: Learning Disabilities

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Purpose of the Guidance

1. Government policy (*Valuing People)* states that the main objective for the NHS is to '*enable people with learning disabilities to access a health service designed around their individual needs, with fast and convenient care delivered to a high standard, and with additional support where necessary*'. This relates to both mainstream (primary, acute and preventative care) and specialist learning disability health services.

2. There is growing concern that some areas of the country have found it difficult to develop commissioning strategies for specialist adult learning disability health services that reflect both current policy and best practice. (In the context of this paper, specialist health services means services that are commissioned to respond to health needs directly relating to or arising from a person's learning disability. Specialist staff refers to staff who are trained and employed to specifically focus on health needs arising from a person's learning disability).

3. This has led in places to inappropriately funded services, outdated service models, the poor development of a community infrastructure and an over-reliance on bed based services (including NHS campuses and distant NHS & independent sector placements). Additionally, the lack of appropriately funded and skilled specialist learning disability health services can be a major cause of failure by social care services that are commissioned by local authorities.

4. These, and associated problems, can mean that

   - people with learning disabilities are getting 'stuck' in the NHS system or independent health placements often for many years and sometimes many miles from their home and/or,
   - people are often placed in increasingly expensive and inappropriate social care services that are failing to meet their needs.
   - People experience serious difficulty getting their healthcare needs met and are at risk of neglect and, at worst, abuse.
   - Both family carers and paid carers receive inadequate support and training by specialist health care staff, resulting in an increased demand for health interventions at a later date.

5. These problems have been highlighted by the Healthcare Commission and Commission for Social Care Inspection report into abuse in NHS learning disability services in Cornwall and the Healthcare Commission's Merton and Sutton investigation. In both cases, poor quality or absent PCT commissioning, along with a lack of investment in specialist community health services were identified as significant causal factors of the organisational failure and abuse.

6. The Disability Rights Commission Formal Investigation into the health inequalities facing people with learning disabilities identified how mainstream primary care services are failing to properly include and meet the general health needs of people with learning disabilities. The Mencap report 'Death By Indifference' identified similar failings in acute hospital care and has resulted in the Secretary of State establishing an Independent

Inquiry to produce recommendations for national and local action. A failure to invest in specialist learning disability health professionals who can facilitate and support primary care staff and general hospitals to meet the needs of learning disabled people is a causal factor in these failures.

7. Ministers undertook to provide good practice guidance on commissioning specialist learning disability health services in the light of these reports. This is that guidance. It describes and clarifies existing government policy in relation to these services and good practice from across the country. Its purpose is to provide advice, support and a steer to local leadership in both the NHS and local government in order to achieve improved performance, better outcomes, reduced health inequalities and prevent abuse and neglect.

8. In line with other commissioning guidance from the DH, this document is underpinned by the wider approach to commissioning policy and implementation. A summary of this is contained in Annex A.

Target Audience

9. This good practice guidance is primarily written for

- PCT commissioners
- Local authority commissioners where lead commissioning responsibility for learning disability services has been transferred to them using Health Act (1999) flexibilities
- Specialist and regional commissioners of learning disability health services
- Learning Disability Partnership Boards in their strategic overview role in planning learning disability services and to assist them in advising PCT or local authority commissioners on this issue
- Providers of specialist learning disability health services & specialist professionals
- The Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission to assist in their regulatory and inspection roles.

10. An easy-read summary of this document is available to assist self-advocacy organisations & family carers to participate in planning and commissioning of these services.

Background

11. In addition to the overarching issues described above, a number of factors are driving the need of commissioners and providers to pay attention to specialist learning disability health services.

Demand for services

12. Three major factors are creating change in the demand for specialist learning disability services:

- Significantly increased numbers of people with learning disabilities, partly caused by people living substantially longer as a result of medical and technological advances

– and thus people needing additional support around illnesses linked to old age, in particular dementia and people with Downs Syndrome.
- Significant changes in the demographic profile with increased numbers of people with complex needs requiring input from specialist health professionals. This particularly applies to young people with multiple disabilities and, together with the above point, will require commissioners to consider levels of investment in both mainstream and specialist health services.
- The increasing empowerment of people with learning disabilities and their families, resulting in them expecting and demanding better quality services located nearer to their home and communities.

In addition to these major causes, patterns of spending are changing as a result of factors such as an increasing demand to support people with autistic spectrum disorders better diagnosis and early identification of need.

Supply of services

13. There has been significant changes in healthcare provision for people with learning disabilities in recent years, including the process of closing and replacing learning disability long-stay hospitals organisational re-configurations, and changes in commissioning patterns. This has resulted in a highly variable specialist health services across the country. In some places there are resourced and skilled services working well in partnership with the local authority and the independent sector. Elsewhere, either outdated and poor quality services have remained in place, or the NHS has withdrawn too far from learning disability services and there is insufficient investment in specialist health capacity. In particular:

- There are up to 3000 NHS campus beds which government policy states should be closed and replaced with ordinary housing and support run and managed outside the NHS. (It would be inappropriate for an NHS Trust seeking Foundation Trust status to include the continuing provision of NHS campus style beds in its business planning assumptions).
- There is a growing use of independent sector hospitals and residential social care services that are often many miles from a person's home and community. .
- A significant proportion of NHS assessment and treatment services, including those with higher levels of security, are effectively out of use (blocked) as people have lived in them for years due to delayed discharge and lack of investment in non-bed based provision.
- The numbers, skills and availability of specialist health professionals vary considerably as do the arrangements and robustness of team structures. In some places the provision is clearly inadequate. Elsewhere, professional skills are not always used to best effect.

Transactional Reform

14. The responsibility for commissioning specialist learning disability health services for people with learning disabilities falls to Primary Care Trusts (with certain exceptions regarding secure regional and national provision). This has to be undertaken in partnership with the local authority. This responsibility often rests with a Joint Commissioner who is responsible to both the LA & PCT -usually employed within the

local authority. In a small number of locations, this responsibility has been formally delegated to the local authority using the lead commissioning powers contained within Health Act (1999) flexibilities.

15. A lack of expertise and capacity within PCT's to commission evidence-based learning disability services in partnership with the local authority has been identified as a problem in a number of places including the recent Healthcare Commission reports. The Chief Executive of the NHS wrote to all SHA and PCT Chief Executives in November 2006 stressing the importance of ensuring the existence of capacity and expertise around commissioning learning disabilities.

16. The Department of Health, in partnership with the Healthcare Commission, has produced advice as part of the Better Metrics programme to assist PCTs in developing local performance measures for both specialist learning disability health services and the inclusion of people with learning disabilities in mainstream health commissioning.

17. Learning Disability Partnership Boards and in particular health sub-groups, should be key players in shaping the design and delivery of local health services. The appropriate senior lead official from the PCT should be an active member of the local partnership board.

18. Recent reforms to the NHS need to be applied in relation to learning disability services. For example, the provision of information to assist people and their families take informed decisions and make meaningful choices about the available services. Given the importance of these services being strategically commissioned in partnership with the local authority – or possibly being 'lead commissioned' by the local authority on behalf of the PCT, it is inappropriate to use practice based commissioning for specialist learning disability health services. However, PBC will need to ensure that people with learning disabilities are fully included in the commissioning of all mainstream healthcare provision, in line with Disability Discrimination Act requirements.

19. The largest proportion of learning disability funding within the NHS is dedicated to the funding of social care services. This represents the historic NHS investment in learning disabilities from when the NHS ran large long stay hospitals (for around 40,000 people) This funding should be transferred to local authorities using either section 256 (formerly 28A) or section 31 powers, to enable local authorities to lead the commissioning of all social care services. It is government policy that this transfer should continue beyond the deaths of individuals previously living in the hospitals in order to help meet the costs of the new generations of people entering services who historically would have been supported in NHS long-stay institutions.

20. Ministers confirmed a commitment to strengthen the commissioning of learning disability services in the light of the Healthcare Commission report on the abuse in Cornwall. As part of this process, consideration will be given to a stronger role for local authorities. Further details will be available in the near future.

<u>Policy Context</u>

21. In the Government White Paper for Learning Disabilities – *Valuing People (DH 2001)* the main objective for health is to '*enable people with learning disabilities to access a health service designed around their individual needs, with fast and convenient care delivered to*

a high standard, and with additional support where necessary'.

22. *Valuing People* builds on several pieces of health policy and guidance related to the health of people with learning disabilities. Specifically, *Signposts for Success (DH 1998), Once a day (1998), Mansell Report (DH 1993) Reed Report (DH/Home Office 1992)*. Since then, policy has been further developed by publications such as *Action for Health (DH 2002),* and *Commissioning services close to home (DH 2004).*

23. These documents form a framework for the commissioning of specialist learning disability services and together emphasise that services should aim for the following outcomes:

    - Specialist learning disability health services that both support mainstream practice and directly serve those with the most complex needs
    - Specialist learning disability health services that promote safe, person-centred support and evidence based practice.
    - Integrated planning and the development of care pathways that promote individualised services that are closer to home
    - Service development that directs people away from institutional responses to crisis and, wherever possible, supports people in their everyday surroundings.
    - Support to people and families when needed through swift access to the services of specialist professionals including medical, nursing and allied health professionals.
    - Investment in training and development not just for specialist professionals but also for families and for front line support staff to enable them to better support people where they live.
    - A robust community infrastructure that takes a broad view on addressing health needs and considers the range of factors associated with poorer health and other risks associated with social exclusion. For example by ensuring that responses to health problems do not preclude options to achieving paid employment or independent housing.
    - New alliances and approaches to secure better and more inclusive services (including the decommissioning of poor quality and inappropriate provision e.g. NHS Campuses)
    - Ensuring that the 'voice' of people and families is heard and there is evidence of appropriate representation, including independent advocacy,
    - Fulfil all legal requirements, including those arising from the Mental Health Act, Mental Capacity Act and Disability Discrimination Act.

24. These principles are endorsed in other generic policies for the NHS including "Our Health, Our Care, Our Say". This White Paper contains three policies of particular relevance to specialist learning disability health services:

    - A commitment to close and replace NHS campuses by 2010 (see para 50 below)
    - A commitment to implement previous policy undertakings to introduce comprehensive health checks for people with learning disabilities (see para 37 below)
    - A commitment to introduce individual budgets NHS healthcare money cannot be used for individual budgets, but resources transferred to the local authority under section 256 arrangements for social care purposes can form part of an individual budget.

Equalities Considerations

25. As noted in paragraph 16 and elsewhere, commissioners have legal duties in relation to equalities. Commissioners will therefore need to ensure that the impact and effectiveness of their commissioning of specialist learning disability health services is integral to Disability and other Equality Strategies and may need to carry out equality impact assessments in relation to disability, race, gender and other aspects. Specifically, it will be important to ensure that specialist health services have the skills and capacity to recognise, respect and respond to people's individuality – including their race, gender, age, religion and sexual orientation. For example, there is some tentative evidence from the Mental Health Act Commission (ref) of a shortage of gender specific in-patient beds for women with learning disabilities who are detained under the Mental Health Act.

Description of Learning Disability Specialist Health Services

Specialist community health staff

26. The most critical component of specialist learning disability health services is the commissioning and employment of a range of staff with the skills to support people with learning disabilities in all settings, providing specific and additional input as required to respond to their health care needs.

27. Such staff have an essential clinical and therapeutic role, which will include:

    - support to people and their families when their needs cannot be met by mainstream services alone. This will involve partnership working with other mainstream health services and appropriate specialist services.
    - support to people and service providers in the provision of longer term support for people who may have complex and continuing health needs.
    - As well as planned evidence based interventions, specialist health staff and their social work colleagues (see below on CLDT's) should be able to provide emergency support. This should be in partnership with local mental health colleagues and joint protocols should be in place to ensure appropriate support to people and families (DH 2005)

28. Valuing People describes how "in addition to their clinical and therapeutic roles, specialist staff should take on the following complementary tasks:

    - the health promotion role; working closely with the local health promotion team
    - the health facilitation role; working with primary care teams, community health professionals and staff involved in delivering secondary healthcare
    - the teaching role; to enable a wide range of staff, including those who work in social services and the independent sector, to become more familiar with how to support people with learning disabilities to have their health needs met
    - the service development role; contributing their knowledge of health issues to planning processes."

29. Specialist learning disability health staff are most likely to be employed within the local NHS, with those not in in-patient settings, operating as part of, and being accountable

within, a multi-disciplinary structure such as a community learning disability team (CLDT) that is led or jointly led by the local authority. Employment within the NHS alongside other health professionals is important in order to maintain appropriate clinical governance, professional development, relationships and learning from colleagues working in other specialisms and to avoid recruitment and retention problems. However, day-to-day operation within a multi-agency framework is essential for the achievement of good person centred outcomes. Being recognised as part of the NHS is particularly important for staff working to promote access to mainstream primary care and acute hospitals in order to facilitate day to day working relationships with NHS colleagues. The Chief Nursing Officer is issuing 'Good Practice in Learning Disability Nursing in December 2007.

30. In determining who to work with, specialist health professionals will pay regard to joint eligibility criteria established as part of joint working arrangements. However, specialist health professionals have a specific health role to play and may find themselves working with people who are not eligible for access to social care services, as determined under 'Fair Access to Care'. Professional judgement, interpreted within the framework of local PCT commissioning decisions, should determine who receives input within the available resources.

31. There will need to be a range of staff skills commissioned and recruited as part of these community health infrastructures. This will include (but not necessarily be limited to):

- learning disability nurses,
- clinical psychologists
- psychiatrists
- physiotherapists
- speech and language therapists
- occupational therapists

Further information on the roles of each profession can be accessed from the website of the relevant professional body (see Annex B).

32. Commissioners need to ensure that investment in specialist community health staff and other forms of community based health support is commensurate with changes in NHS in-patient provision i.e. there is a robust community infrastructure to support people with complex needs living in their own home – particularly:

- campus closure,
- the need to reduce distant specialist health placements, and
- the fact that they will be concentrating on supporting people with more complex needs

Specialist teams

33. In some localities, the drive to support people close to home and to avoid hospital admission, has led to the development of specialist support that is either part of, or works in partnership with, the CLDT and/or Community Mental Health Teams (CMHTs).

34. Many focus on supporting people who challenge services, have additional mental health needs or a history or risk of offending. They offer advice and support to other professionals and those who provide care on a day to day basis, as well as direct intervention with people and families.

35. Although they may not use the same titles or terminology, the functions that many of these teams perform are similar and include:

- **early intervention** – community based treatment and support, including a focus on young people and their families
- **crisis resolution** – preventing admission to hospital by providing 24hour community based treatment
- **assertive outreach**. – supporting people with complex and enduring needs within the community

36. It is critical that commissioners ensure there is investment in the provision of these functions within local strategies if an over reliance on inappropriate hospital or nursing home provision is to be avoided. Further advice will be provided by the Valuing People Support Team on models for such services.

General health needs

37. Part of the focus of specialist community health staff commissioned by the PCT should be on supporting the mainstream health service to ensure the delivery of good quality general health care to people with learning disabilities. The DRC formal Investigation report offers a framework for issues to consider when commissioning such services. Whilst aspects of this are part of the role of most specialist community health learning disabilities staff, there is emerging evidence that the good outcomes can be achieved by identifying and resourcing specialist staff (this is often learning disability nurses though can also be a role for Allied Health Professionals) with the explicit role to liaise with, train and support the primary care and acute sector to better meet the healthcare needs of people with learning disabilities. In some places specialist professionals formally 'link' with particular GP practices. This is particularly important in supporting the delivery of comprehensive health checks for people with learning disabilities. Advice has been produced on how best to do this (see Annex B).In the case of acute hospitals the appointment of an 'acute liaison nurse' has been resulted in many examples of improvements in the quality and delivery of services. Relationships with 'end of life' services such as hospices should also be considered.

38. In addition, it is critical to ensure there is an effective and identifiable ***strategic*** presence within the Primary Care Trust to inform and support the commissioning and delivery of accessible, high quality health care for people with learning disability. In many places 'Strategic Health Facilitators' have been appointed to undertake this role and have been instrumental in meeting this need, in providing strong leadership and in promoting health facilitation and health action planning for people with learning disabilities. Such a role can also act as a resource to public health colleagues.

Inpatient services

39. Whilst many people's health needs will be able to be met in the community, for a small number of people access to a specialist learning disability hospital bed will be appropriate to their diagnostic and treatment needs at that point in time. It is likely that, for each PCT, there will be need for no more than a handful of such beds at most.

40. It is critical that commissioners are able to distinguish and make appropriate investment in services to meet this genuine need whilst preventing inappropriate admissions to isolated and outdated models of service provision or purchasing services commissioned by other PCTs a long distance from peoples' home community. Where people are placed away from their own locality by PCTs, it is even more important that the PCT regularly reviews the service in order to ensure it is still appropriate and the person should not be brought back to their own locality.

41. In-patient services need to be part of the whole system of service delivery for people with learning disabilities and have a defined place and purpose. Services need to be able to demonstrate their relevance to local needs and not promote or perpetuate inappropriate 'out of area' placements.

42. It will not be feasible for all localities to provide the whole range of in-patient services that may be required. However, PCT commissioners will need to ensure that people are able to gain access for the assessment and treatment of their needs without undue waiting or recourse to services a long way from home. This may be achieved by working together with neighbouring authorities and strategic commissioners and in particular, those concerned with mental health and forensic services.

43. Commissioners will need to invest in the development of care pathways that prevent people getting 'stuck' in NHS or independent sector assessment and treatment beds. This is best done through effective partnership with the local authority who will be leading on the commissioning of the social care services that are essential to enable people to leave assessment and treatment beds. Such an approach should also indicate where there may be an over reliance on beds and under investment in community based supports.

44. Whether inpatient services are provided by the NHS or independent sector, they will need to ensure and demonstrate that they are person centred, high quality and providing evidence based assessment and treatment with demonstrable positive outcomes for people.

45. Where possible and appropriate, in-patient mental health services should be delivered as part of local mental health service provision. However, such services can lack skills in working with people with learning disabilities and as a result people may be placed in a vulnerable position. The review of the Mental Health NSF taking place shortly will specifically consider how to promote the effective inclusion of people with learning disabilities in the improvement of mental health services.

Forensic services

46. An important component of specialist learning disability health services is that of services that will support people who offend or are at risk of offending. Commissioners have a responsibility to ensure that the following basic principles for forensic services set out in the Reed report (DH 1992) are met

    - services should be designed with regard to the quality of care and proper attention to the needs of individuals;
    - as far as possible in the community rather than institutional settings
    - under conditions of no greater security than is justified by the degree of danger they present to themselves and others
    - in such a way as to maximise rehabilitation and their chances of sustaining an independent life
    - as near as possible to their homes and families, if they have them

47. Such services may include a specialist team as outlined in para 35 above, along with access to appropriate locally based services where and when necessary. However, the linkages and working relationships of such services are at least as important as the services themselves. Commissioning consideration needs to be given to:

    - links to specialist learning disability and mental health services (including alcohol and substance misuse programmes)
    - the interface with the criminal justice system such as police, probation and courts and support to court diversion initiatives.
    - The involvement of other agencies such as housing, employment, and education to help facilitate pathways away from the criminal justice system
    - The role of Learning Disability Partnership Boards in facilitating this broad involvement and in particular in ensuring that the needs of those who are placed out of area are not 'forgotten'.

48. As with some other forms of inpatient provision it may not be possible, or appropriate, to provide a local service. Commissioners should ensure that there is a 'good fit' between local, regional and national commissioning strategies and that they are informed by robust information about the needs and wishes of people who use such services.

49. For people with learning disabilities who go to prison there should be health screening programmes that identify their learning disability, physical and mental health issues, access to appropriate education and rehabilitative programmes and links to the specialist learning disability community teams described in this guidance.

Other bed-based services

NHS campuses and similar accommodation

50. Government policy is clear that it is inappropriate for people with learning disabilities to live with the NHS as their long term 'landlord'. Therefore, the NHS should not be managing services where people live on a long-term basis. This particularly applies to the NHS campuses where up to 3000 people live with the NHS as their long-term landlord and care provider. Policy is that these should close and be replaced by appropriate

housing and support (and increased community specialist health care infrastructure) by 2010 and the resources transferred to local authorities to help fund future services. This policy decision is based on a combination of the evidence base of poor quality of people's lives in NHS campuses and concern about the lack of rights accorded to people in such settings.

Continuing health care

51. Some people may need health care for a long time and their health needs may be met through primary care, in their own homes or in care homes People with learning disabilities should not be using NHS commissioned services for continuing care unless their primary need is for healthcare rather than accommodation or other support, identified by use of the National Framework for Continuing Care, including the Decision Support Tool.

52. The general principle underpinning continuing care as described in Valuing People is that people with complex needs and people who particularly challenge services, should be provided with" ordinary housing and support services, in the least restrictive environment possible, with opportunities to lead full and purposeful lives." i.e. additional and specialist continuing healthcare support should ideally be provided into a person's ordinary living environment rather than in a separate NHS bed. The Department of Health has recently produced new guidance on continuing care following public consultation.

53. It is not appropriate for people who are sometimes described as 'challenging services' to automatically become the sole responsibility of the NHS nor for intensive NHS continuing care to be assumed to be the most appropriate service response. The DH is re-issuing the 'Mansell Report' which describes appropriate commissioning and service responses for people who challenge. (This content is thus not repeated in this document). That report emphasises that best outcomes for people who challenge services are most likely to be achieved through individually designed services rather than in congregate settings based on a diagnostic or treatment label. Such services need to recognise each individual's needs and wishes for the same outcomes and lifestyles as other members of society.

Annex A:

A Summary of DH Commissioning Policy Intent

Health reform in England: update and commissioning framework (DH, July 2006) set out the policy framework for commissioning within the wider context of the health reform programme.

The health reform programme is refocusing the NHS to meet the challenges of rising expectations, the demographic challenge, the revolution in medical technology, and continuing variations in the safety and quality of care. To address these challenges, we have a clear vision: to develop a patient-led NHS that uses available resources as effectively and fairly as possible to promote health, reduce health inequalities and deliver the best and safest possible healthcare.

The new NHS will not be created in the old way through command and control. In the next stage of improvement and reform, we need a decisive shift from top-down to bottom-up as we develop a devolved and self-improving health service where the main drivers of change are patients, commissioners and clinicians, rather than national targets and performance management.

This revitalised, patient-led and locally-driven NHS is designed to achieve a central goal: improving dramatically the quality of patient care and the value we get from the public money spent on health services.

The Commissioning Framework set out a range of measures to strengthen commissioning. These included:

- Stronger clinical leadership through practice based commissioning
- A stronger voice for people and local communities
- Better information to underpin commissioning decisions
- New incentives available for commissioners to attract new service providers and improve service quality
- More effective levers for commissioners to secure financial stability, including new model contracts
- Measures to build commissioning capacity and capability.

The next phase of development for commissioning policy was signalled with the C*ommissioning Framework for Health and Well-being*, which was published for consultation in February 2007. It provides guidance for health and local authorities in commissioning community health care, social care, public health, well-being, and primary care (with the exception of the nationally negotiated GMS contract), as well as other relevant services, support and interventions.

This framework signals a clear commitment to greater choice and innovation, delivered through new partnerships. Its key aims are to achieve:

- A shift towards services that are personal, sensitive to individual need and maintain independence and dignity;
- A strategic re-orientation towards promoting health and well-being, investing now to reduce future ill health costs;
- A stronger focus on commissioning the services and interventions which will achieve better health, across health and local government, everyone working together to promote inclusion and tackle health inequalities.

Guidance for practice based, PCT, joint and specialist commissioners has an important role in driving up the quality of care to patients and the public but guidance is just that. The responsibility for taking decisions about the scope and range of services rests with local commissioners based upon their local needs assessment and evidence of how to maximise the health gain for their population.

Annex B:

Good practice resources and supports

The Valuing People Support Team is funded by the Department of Health to provide practical support and advice to the NHS, local government and independent sector on the delivery of the Valuing People policy. Part of the programme is focused on the delivery of modernisation in the NHS. This includes:

- a range of good practice support materials on the website (details below) www.valuingpeople.gov.uk
- a range of learning networks to support people leading change. These are regionally based.

For more details contact the Valuing People support team-contact details available on the web site

Further good practice advice

The following list of websites offers access to a range of additional information on specific issues covered in this good practice guidance.

Health Inequalities

DRC Formal Investigation Report – Equal Treatment Closing the Gap
& Equal Treatment – One Year On
http://www.equalityhumanrights.com

Mencap Reports – Treat Me Right! & Death by Indifference
http://www.mencap.org.uk

Primary Care Support

Primary Care Service Framework for Learning Disabilities
http://www.primarycarecontracting.nhs.uk/204.php

UK Health and Learning Disability Network
http://www.fpld.org.uk

A range of useful papers and resources relating to primary care
http://valuingpeople.gov.uk/dynamic/valuingpeople144.jsp

Role of Community Learning Disability teams

http://valuingpeople.gov.uk/dynamic/valuingpeople130.jsp

NHS Campus Closure

http://valuingpeople.gov.uk/dynamic/valuingpeople216.jsp

Reviewing Institutional Bed Based Provision

Outside the Box – an ideas pack
http://valuingpeople.gov.uk/dynamic/valuingpeople147.jsp

Commissioning Services Closer to Home

DH Clarification note for Commissioners
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4093322

Autism

Better services for people with an autistic spectrum disorder: A note clarifying current Government policy and describing good practice
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065242

Mental Health

Green Light Toolkit - How good are your mental health services for people with learning disabilities?

http://valuingpeople.gov.uk/dynamic/valuingpeople146.jsp

Performance Tools

Better Metrics – Learning disability metrics
http://www.healthcarecommission.org.uk/_db/_documents/Learning_disabilities_metrics_master11Dec06.pdf

Sources of Health Professional Advice:

For further information on the role of specialist health professionals please refer to the following websites. Please note that the content of these websites is not necessarily endorsed by the DH.

Nursing:
Royal College of Nursing
http://www.rcn.org.uk
Learning Disabilities Nursing Forum
http://www.rcn.org.uk/development/communities/specialisms/learning_disabilities
National Network for Learning Disability Nurses
http://www.nnldn.org.uk

Psychology

British Psychological Society
www.bps.org.uk
BPS national standards for clinical psychology services are at:
http://www.bps.org.uk/downloadfile.cfm?file_uuid=1B2935C2-7E96-C67F-D43C0F6A8A0576F7&ext=pdf

Psychiatry
Royal College of Psychiatry
http://www.rcpsych.ac.uk
Learning Disability Faculty http://www.rcpsych.ac.uk/college/faculties/learningdisability.aspx

Physiotherapy
http://www.csp.org.uk

Speech and Language Therapy
http://www.rcslt.org

Occupational Therapy
http://www.cot.org.uk