

Guide to Services for Young People with Learning Difficulties/Disabilities and Mental Health Problems/ Challenging Behaviour:

Technical Document -

Chapter 6.1 Appendix 1 – Government Standards, Acts and Papers

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Guide to Services for Young People with Learning Difficulties/Disabilities and Mental Health Problems/Challenging Behaviour Chapter 6-1 Appendix 1 Acts of Parliament, White & Green Papers, Government Standards and Codes of Practice relevant to Transition

Introduction

This section is aimed at identifying the key government documents pertaining to children, young adults or an adult with a statement of special educational needs who may also have additional mental health needs. It aims to provide a brief item by item summary of legislation and government guidance on transition planning for individuals with learning disabilities, and the rights of the individual and carers during and after transition planning.

The law and government guidance on transition planning were identified through a search of www.legislation.hms0.gov.uk/acts.htm. In addition a search of recent publications by the Department for Education and Skills and the Department of Health, was also carried out.

Part 1: Acts of Parliament

i) Carers Equal Opportunities Act, 2004. HMSO, London

<http://www.opsi.gov.uk/acts/acts2004/20040015.htm> (12th May 2006).

‘Chapter 15, Section 1 discusses the duty of the local authority to inform the carer of their entitlements of a carer’s assessment before they make decisions as to the needs of the relevant person or disabled child. This duty has originally been set in the Carers (Recognition and Services) Act 1995. Under the same Act it states that this assessment must consider whether the carer:

- Works or wishes to work
- Is in education or any leisure activity or wishes to undertake in any education or leisure activities.

Section 3 additionally outlines the requirements of local authorities to co-operate with one another in planning the provision of services of carers. These authorities include any local authority, a local education authority or any local housing authorities. This is relevant mainly for carers continuing to care for their relative and is therefore likely to require some support from services’.

ii) Children’s Act, 2004. HMSO, London

<http://www.opsi.gov.uk/acts/acts2004/20040031.htm> (12th May 2006).

‘Part 1 of this Act discusses the function of Children’s commissioners as:

- Encouraging persons engaged in activities affecting children to take account of their views and interests.
- Ensuring children are aware of his function and how they may communicate with him.

These views and interests relate to aspects of children’s well-being including:

- Physical, mental health and emotional well-being
- Protection from harm and neglect
- Education, training and recreation.

The Children's commissioner also has a role to initiate an inquiry of a case for the purposes of investigating and making recommendations. Before holding such an inquiry the Children's Commissioner must consult the Secretary of State.

In addition, the Children’s commissioner must have regard for those individuals who do not have adequate means by which they can make their views known. Section 9 (3) states the relevance for Children's commissioners for looked after children as well as children with learning disabilities. For the purposes of this Act a child has a learning disability if he/she is in a state of arrested or incomplete development of mind, which induces significant impairment of intelligence and social functioning.

Part 2 discusses Children's services in England including their roles in co-operating with other authorities, or any other person that is engaged in activities in relation to

children in the authorities area. These authorities can include the district council; strategic health authority or Learning and Skills Council. A co-operative partnership must be in place to improve the well-being of the child. Section 11(1-4), discusses the arrangements to safeguard and promote the welfare of children. Each person involved with children's services must make arrangements for ensuring that:

- Their functions are discharged having regard to the need to safeguard and promote the welfare of children.

Each children's services authority in England must establish a Local Safeguarding Children board (LSCB) in their area. Each board partner must contain a representative of relevant individuals engaged in activities relating to children in the area of authority in question. The objective of an LSCB is to coordinate what each person or body represented on the Board does, for purposes of safeguarding and promoting the welfare of children'.

iii) Special Educational Needs and Disability Act, 2001.HMSO, London

<http://www.hmsso.gov.uk/acts/acts2001/20010010.htm> (12th May 2006).

'The Special Educational Needs Disability Act (SENDA) provides amendments to the 1996 Act, and strengthens the right to education in mainstream school. Part 1 of SENDA 2001 came into force in January 2002 in England. The amendments to the 1996 Act include:

- A strengthened right to education in mainstream schools for children with statements of SEN
- A new duty on LEAs to provide and advertise parent partnership services
- A new duty on LEAs to make arrangements for resolving disagreements between parents and schools and between parents and the LEA, without affecting parents' right of appeal to the Tribunal
- A new duty on schools to inform parents when any SEN provision is made for their child
- Tightened arrangements for Tribunal appeals, including time limits for the implementation of the Tribunal's decisions.

Accompanying these legislative changes from January 2002 are the introduction of:

- A new Code of Practice, superseding the original edition and placing more emphasis on within-school teaching and curriculum responses to pupils' needs and on parent and pupil participation in assessment and decision making
- New Statutory Guidance on the practical operation of the new framework for inclusion, *Inclusive Schooling -- Children with Special Educational Needs*
- A SEN Toolkit.

Under Part 1 of SENDA 2001, LEAs have a duty to include all children with SEN who do not have a statement in mainstream schools. In these cases, parents should be informed that the school is making SEN provision for their child. Children who have a statement of SEN should be included in mainstream schools, so long as:

- Other children's education is not adversely affected (the LEA can only rely on this exception if it shows that there are no reasonable steps that can be taken to prevent such an effect)
- Parents are in agreement.

However, an LEA may include a child, even when parents want a special school, if the special school is not appropriate. In this situation parents can appeal to the Tribunal. Parents can also name the school they want their child to go to when the statement is first issued, and then on an annual basis. If the LEA does not agree, parents can appeal.

Part 2 covers the duty of certain bodies to prevent discrimination against disabled pupils. Section 28 B defines discrimination as a certain responsible body treating a disabled pupil less favourably than it treats or would treat others for whom that reason does not and would not apply. The reasons for this would relate directly to the disability as he would not be able to justify the treatment of the individual.

A body responsible for a school must not discriminate against a disabled individual:

- In the arrangements it makes in determining the admission of a pupil to the school
- In the terms on which it offers a place to a pupil in school
- By refusing or deliberately omitting to accept an application for his admission to the school as a pupil.

A responsible body would not be discriminating against a person if they can show that at the time in question, they did not know that the person was disabled.

In addition, the responsible body must not place disabled students at a substantial disadvantage by failing to offer education and associated services to the disabled pupil.

Each local education authority must prepare accessibility strategies and plans that accommodate their pupils with disabilities. These strategies and plans must be regularly reviewed’.

iv) Carers and Disabled Children Act (2000). HMSO, London

<http://www.hmso.gov.uk/acts/en2000/2000en16.htm> (12th May 2006).

‘The Act makes four principal changes to the law with the objective of enabling local authorities to offer new support to carers to help them to maintain their own health and well being.

First, the Act gives local authorities the power to supply certain services - services that help the carer care for the person cared for - direct to carers following assessment. This change will involve a new right to a carer's assessment which, in particular, will enable a local authority to carry out an assessment in circumstances where the person cared for has refused an assessment for, or the provision of, community care services.

Secondly, the Act empowers local authorities to make direct payments to carers (including 16 and 17 year old carers) for the services that meet their own assessed

needs, to persons with parental responsibility for disabled children for services for the family and to 16 and 17 year old disabled children for services that meet their own assessed needs.

The Carers National Strategy was aimed at empowering carers to make more choices for themselves and to have more control over their lives. To that end, the Act extends the direct payment legislation to carers to meet their own assessed needs. The extension of direct payments to 16 and 17 year old carers is designed to offer them additional flexibility in meeting their developmental needs. Where these carers do not think services are sufficiently tailored to the needs of their family direct payments offer more choice in the way services are delivered.

The extension of direct payments to 16 and 17 year old disabled children may be particularly helpful where those children are intending to leave home or residential care to go into further or higher education.

Thirdly, the Act provides for local authority social services departments to run short term break voucher schemes. Voucher schemes are designed to offer flexibility in the timing of carers' breaks and choice in the way services are delivered to persons cared for while their usual carer is taking a break. For example, a person cared for may not wish to enter residential care while their usual carer is taking a break. They may prefer to seek out a provider of support that will enable them to continue living at home.

Finally, the Act gives local authorities a power to charge carers for the services they receive.

Commentary on sections

Section 1: Right of carers to assessment

This section does not apply to individuals who provide care on an informal basis (i.e. by virtue of a contract of employment or as a volunteer for a voluntary organisation).

Section 1(1) provides that a person who is a carer (aged 16 or over) has the right to an assessment from the local authority of his ability to provide (and to continue to provide) care for another individual ("the person cared for"). That assessment will enable the local authority to decide whether to provide services to the carer under section 2 of the Act.

The effect of subsection (2) of this section is that in carrying out a carer's assessment under subsection (1) (of this section) the local authority can take into account, so far as it considers it to be material, any assessment the carer may have had under section 1(1) of the Carers (Recognition and Services) Act 1995.

Section 2: Services for carers

Section 2 enables the local authority to provide services to carers following a carer's assessment under section 1. The local authority must consider that assessment and then decide whether the carer has any needs in relation to the care which he provides

for the person cared for. The authority must then decide whether or not it can provide services to meet those needs and whether or not to provide them.

Services to carers are not defined in the Act. The local authority may provide any services that in their view will help the carer care for the person cared for.

Those services may take the form of physical help, for example assistance around the house, or other forms of support such as training or counselling for the carer.

Section 3: Vouchers

This section enables the Secretary of State or, as the case may be, the National Assembly for Wales, to make provision in regulations for local authorities to issue vouchers for short term breaks. Vouchers are defined in subsection (2) and will enable the person cared for to arrange for someone to provide services for him, in lieu of the care which would otherwise have been provided to him by the carer, either at home or in residential accommodation whilst the carer takes a break from caring. It is intended that the regulations will include provision for vouchers, whether expressed in terms of money or for the delivery of a service for a period of time, to be redeemed in exchange for services delivered by local authority approved providers.

Section 4: Assessments and services for both carer and person cared for

Subsection (1) amends section 1 of the 1995 Act and enables the local authority, insofar as it considers it to be material, to take into account for the purposes of an assessment under section 1(1) or (2) of that Act a carer's assessment carried out under section 1(1) of the Carers and Disabled Children Act or an assessment of a person with parental responsibility for a disabled child carried out under section 6(1) of the Carers and Disabled Children Act. This would be helpful where a person cared for changed their mind and agreed to have an assessment of their needs and the carer no longer wished to have services in their own right.

Subsections (2) and (3) set out various situations where the local authority has identified a need for services that could either be provided to the carer as carers' services under the Act or to the person cared for as community care services. Subsection (2) covers the situation where the local authority is either providing carers' services to the carer or is providing community care services to the person cared for and proposes to provide another service to the person who is not receiving a service, and the existing or the new service are ones which could be provided as carers' services under the Act or by way of community care services.

Subsection (3) covers two further situations. In the first of these neither the carer nor the person cared for has previously been receiving services, but the local authority proposes to provide services to each of them, any of which could be provided as carers' services under the Act or as community care services. The other situation arises where the local authority is providing services to the carer and community care services to the person cared for and proposes to provide to either of them a new service, and the new service is one which could be provided under the Act or by way of community care services.

In each of these situations the local authority must decide whether the services are to be provided as carers' services under the Act or by way of community care services (subsection (4)). Under subsection (5) the local authority's decision is to be made without regard to the means of the carer or of the person cared for. This will ensure that the decision is based on assessed need. The recipient of the service is the person who will be liable for any charges and who may complain in relation to the service in question.

Section 5: Direct payments

This section amends section 1(1) of the Community Care (Direct Payments) Act 1996 ("the 1996 Act"). The amendment enables local authorities to make direct payments to carers in lieu of the services that they have been assessed as needing under section 2(1) of the Act. A carer can then arrange for a provider of their choice to provide those services. All carers whom the local authority have decided to provide with carers' services will be eligible for direct payments unless they are of a description specified in regulations.

Section 6: Assessments: persons with parental responsibility for disabled children

Section 6(1) provides that a person with parental responsibility for a disabled child has the right to an assessment from the local authority of his ability to provide (and to continue to provide) care for the child. The local authority must take that assessment into account when deciding what services, if any, to provide under section 17 of the Children Act 1989.

Section 7: Vouchers and direct payments to disabled children and persons with parental responsibility for disabled children

Section 7(1) inserts new sections 17A and 17B into the Children Act 1989

New Section 17A:

The new section 17A enables a local authority, instead of providing services under the Children Act, to make to the person who has parental responsibility for a disabled child a direct payment in lieu of those services to enable that person to arrange for the provision of those services rather than rely on direct service provision from the local authority. Similar provision is made in relation to a disabled child aged 16 or 17. Subsections (3) and (4) make similar provision to that contained in the 1996 Act. A person with parental responsibility for a disabled child or a disabled child aged 16 or 17 ("the payee") may not use the direct payment to secure services from a person who is of a prescribed description (subsection (3)). The limitations here are likely to include the spouse of the payee and anyone who lives with him as his spouse.

Subsection (5) relates to payments under the new section 17A(1). Under section 1(2) of the 1996 Act the local authority may have regard to an individual's financial circumstances when determining the amount of direct payments. It may not require an individual to contribute more than it appears to the authority to be reasonably practicable for him to contribute. The amount of the direct payment will be equal to

the local authority's estimate of the reasonable cost of securing the provision of the service (subsection (6)), in the case of –

- a) a person with parental responsibility for a disabled child, other than a parent of such a child under 16,
- b) a person who is in receipt of income support, working families' tax credit or disabled person's tax credit under Part VII of the Social Security Contributions and Benefits Act 1992 or of an income-based jobseeker's allowance.

New Section 17B:

This makes similar provision for vouchers to that contained in section 3 of the Act. It inserts a new section 17B into the Children Act which will enable the Secretary of State or, as the case may be, the National Assembly for Wales, to make provision in regulations for the issue of vouchers by local authorities to persons with parental responsibility for disabled children to enable such persons to arrange for someone to care for their disabled child while they take a short break from their caring responsibilities.

Section 8: Charging

Section 8 enables local authorities to charge carers for the services they receive. This is achieved by means of an amendment to section 17 of the Health and Social Services and Social Security Adjudications Act 1983.

Sections 9 to 12.

Sections 9 to 12 make provision for minor and consequential amendments, financial provision, interpretation and commencement’.

v) Learning and Skills Act (2000). HMSO, London

<http://www.hmso.gov.uk/acts/acts2000/20000021.htm> (12th May 2006).

‘The Learning and Skills Council (referred to as the Council) must secure the provision of proper facilities for:

- Education (other than higher education) suitable to the requirements of persons who are above compulsory school age but have not attained the age of 19.
- Training suitable to the requirements of such persons,
- Organised leisure-time occupation connected with such education and
- Organised leisure-time occupation connected with such training.

Similarly, the Council must secure the provision of proper facilities for persons over the age of 19.

Section 13 is relevant for persons with learning disabilities. A person has a learning difficulty if:

- He has a significantly greater difficulty in learning than the majority of persons of his age, or
- He has a disability which either prevents or hinders him from making use of facilities of a kind generally provided by institutions providing post-16 education or training.

In discharging its functions under Sections 2 and 3 (outlined above) and Section 5 (1)(a to d) and (g) and section 8, the council must have regard:

- To the needs of persons with learning difficulties, and
- In particular, to any report of an assessment conducted under section 140.

If the council is satisfied that it cannot secure the provision of facilities for education or training which are sufficient in quantity and adequate in quality for a person with a learning difficulty who is over compulsory school age and has attained the age of 25, the Council may secure the provision of boarding accommodation for him.

Section 140 defines Connexions' responsibilities to young people with Statements of Special Educational Needs.

The Secretary of State must arrange for an assessment of the person to be conducted at some time during the person's last year of compulsory schooling. An assessment of a person is an assessment resulting in a written report of:

- a) his educational and training needs
- b) the provision required to meet them.

The Secretary of State may at any time arrange for an assessment to be conducted of a person:

- a) Who is in his last year of compulsory schooling or who is over compulsory school age but has not attained the age of 25
- b) Who appears to the Secretary of State to have a learning difficulty (within the meaning of section 13)
- c) Who is receiving, or in the Secretary of State's opinion is likely to receive, post-16 education or training (within the meaning of Part I of this Act) or higher education (within the meaning of the Education Reform Act 1988)?.

vi) Health Act 1999, Department of Health, London

<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/IntegratedCare/HealthAct1999PartnershipArrangements/fs/en> (12th May 2006).

‘Under the Health Act 1999, money can be pooled between health bodies and health-related local authority services, and resources and management structures can be integrated. The arrangements, which have been in use since April 2000, allow the joining-up of existing services and the development of new, co-ordinated services.

New powers to enable health and local authority partners to work together more effectively came into force on 1st April 2000. These were outlined in Section 31 of

the 1999 Health Act. These partnership arrangements for health bodies, such as Strategic Health Authorities, Primary Care Trusts, together with any health-related local authority service such as social services, housing, transport, leisure and library services, community and many acute services.

The New Powers

1. Pooled funds - the ability for partners each to contribute agreed funds to a single pot, to be spent on agreed projects for designated services.
2. Lead commissioning - the partners can agree to delegate commissioning of a service to one lead organisation.
3. Integrated provision - the partners can join together their staff, resources, and management structures to integrate the provision of a service from managerial level to the front line

Who can be involved?

Health bodies, such as Strategic Health Authorities, Primary Care Trusts, together with any health-related local authority service such as social services, housing, transport, leisure and library services, community and many acute services.

How will this help improve services?

The aim is to enable partners to join together to design and deliver services around the needs of users rather than worrying about the boundaries of their organisations. These arrangements should help eliminate unnecessary gaps and duplications between services’.

vii) Data Protection Act 1998

<http://www.hmso.gov.uk/acts/acts1998/19980029.htm> (12th May 2006).

‘Defines the legal responsibilities of statutory and other agencies to protect data from unlawful use and of the rights of individuals to have that data protected and to obtain lawful access to it’.

viii) Education Act 1996

<http://inclusion.uwe.ac.uk/csie/ukedlaw.htm> (12th May 2006)

‘Part 4 defines the status of SEN and the obligations for schools to prepare for post-school provision.

LEAs have a duty to identify, assess and provide for children requiring statements of SEN. This duty covers children from the age of two - and before that if a child is identified by his or her parents, the child health services or social services as having special needs.

The main aspects of Part 4 are:

- A separate Code of Practice giving detailed practical guidance to schools and local education authorities on how to identify, assess, record, meet, and review SEN - both with and without statutory statementing procedures
- A limit of 26 weeks to complete the legal process for identifying and assessing special needs and, where appropriate, issuing a legally binding statement on how those needs will be met
- Parents of children with statements are able to say which maintained school they prefer their child to attend and the LEA must agree - subject to certain conditions
- The maintained school named on a child's statement of SEN must accept that child
- LEAs have to carry out specific procedures when reviewing statements
- An extension of parents' rights of appeal against LEA decisions on assessments and statements, with an independent Special Educational Needs Tribunal to hear those appeals
- Duties on schools to draw up, publish, and report on their Special Educational Needs (SEN) Policy'.

ix) Disability Discrimination Act, 1995

<http://www.disability.gov.uk/dda/> (12th May 2006).

The Disability Discrimination Act 'defines and outlaws discrimination on the grounds of disability by employers, providers of goods, services and facilities, education services.

The Act defines a disabled person as someone with "a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.

For example: Disability Discrimination Act Part II - Employment Provisions

The employment provisions apply to employers with 15 or more employees. The provisions, including those that require employers to consider making changes to the physical features of premises that they occupy, have been in force since December 1996.

There are two ways in which an employer might unlawfully discriminate against a disabled employee or job applicant:

- by treating him or her less favourably (without justification) than other employees or job applicants because of his or her disability, or
- by not making reasonable adjustments (without justification).

A Code of Practice - "Elimination of discrimination in the field of employment against disabled persons or persons who have had a disability" describes and gives general guidance on the main employment provisions of the Act'.

x) NHS and Community Care Act, 1990

http://www.opsi.gov.uk/acts/acts1990/Ukpga_19900019_en_1.htm (12th May 2006).

Section 42 onwards defines an individual's rights and eligibility for assessment of community care.

Each local authority shall prepare and publish a plan for provision of community care services in their area. In preparation, a local authority can consult:

- Any district health authority the whole or any part of whose district lies within the area of the local authority
- Any Family Health Services Authority the whole or any part of whose locality lies within the area of the local authority
- Voluntary agencies, which appear to the authority to represent the interests of persons who use or are likely to use any community care services within the area of the authority
- Voluntary housing agencies and other bodies as appear to the local authority to provide housing or community care services in their area.

Section 47 discusses the authorities' duty to carry out an assessment of an individual in need of community care services. The results of the assessment should decide the provision of any services occupied by that individual.

If at any time during the assessment of the needs of any person it appears to a local authority that he is a disabled person the authority shall:

- Proceed to make a decision as to the services he requires as mentioned in Section 4 of the Disabled Persons (Services, Consultation and representation) Act 1986 without his requesting them to do so under that section, and
- Inform him that they will be doing so and of his rights under the Act.

If at any time during the assessment of the needs of any person it appears to the local authority that:

- There may be a need for the provision to that person by such District health authority as may be determined in accordance with regulations of any services under the National Health Service Act 1977, or
- There may be a need for provision to him of any services, which fall within the functions of a local housing authority (within the meaning of the Housing Act 1980 which is not the local authority carrying out the assessment).

The local authority should notify that District Health Authority or local housing authority and invite them to assist in the making of the assessment and in making their decision as to the provision of the services needed for the person in question.

Nothing in this section shall prevent a local authority from temporarily providing or arranging for the provision of community care services for any person without carrying out a prior assessment of his needs in accordance with the preceding provisions of this section if, in the opinion of the authority, the condition of that person is such that he requires those services as a matter of urgency'.

xi) Children's Act 1989

http://www.hms0.gov.uk/acts/acts1989/Ukpga_19890041_en_4.htm (12th May 2006).

Section 17 defines Local Authority responsibilities to children in need to:

- safeguard and promote the welfare of children within their area who are in need; and
- So far as is consistent with that duty, to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs.

Any service provided by an authority in the exercise of functions conferred on them by this section may be provided for the family of a particular child in need or for any member of his family, if it is provided with a view to safeguarding or promoting the child's welfare.

Every local authority

- shall facilitate the provision by others (including in particular voluntary organisations) of services which the authority have power to provide by virtue of this section, or section 18, 20, 23 or 24; and
- may make such arrangements as they see fit for any person to act on their behalf in the provision of any such service.

Before giving any assistance or imposing any conditions, a local authority shall have regard to the means of the child concerned and of each of his parents.

For the purposes of this Part a child shall be taken to be in need if:

- He is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part
- His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services, or
- He is disabled.

"Family", in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.

For the purposes of this Part, a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed; and in this Part:

- "development" means physical, intellectual, emotional, social or behavioural development; and
- "health" means physical or mental health'.

Part 2: Standards

xii) Department of Health (2005). National Service Framework for Long-term conditions. Department of Health, London

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/LongTermConditions/fs/en> (12th May 2006).

‘The Long-term Conditions National Service Framework (NSF) was launched in March 2005. The NSF aims to transform the way health and social care services deliver treatment and care for people with long-term neurological conditions and their carers. Key themes are independent living, care planned around the needs and choices of the individual, easier, timely access to services and joint working across all agencies and disciplines involved. The principles of the NSF are also relevant to service development for other long-term conditions. This NSF is a key tool for delivering the government’s strategy to support people with long-term conditions outlined in the NHS Improvement Plan: Putting People at the Heart of Public Services. It applies to health and social services working with local agencies involved in supporting people to live independently, such as providers of transport, housing, employment, education, benefits and pensions.

This NSF sets 11 quality requirements (QR’s) to transform the way health and social care services support people with long-term neurological conditions to live as independently as possible:

QR 1: Providing information and co-ordinated person-centred care.

QR 2: Improving access to neurological services for diagnosis and treatment.

QR 3: Improving care of people experiencing a neurological or neurosurgical emergency.

QR 4-6: Improving access to rehabilitation services so that people disabled as a result of neurological condition can achieve and maintain the greatest possible level of independence and social inclusion.

QR 7-8: Providing flexible services and packages of care to help people live as independently as possible according to their own choices.

QR 9: Improving palliative care services for people in the later stages of their illness.

QR 10: Supporting families and carers.

QR 11: Providing appropriate neurological care in hospital and other health and social care settings.

These quality requirements are underpinned by evidence-based markers of good practice which suggest how the NSF could be implemented locally.

Summary of each Quality Requirement:

QR 1: A Person-centred Service.

Aim: To support people with long-term neurological conditions in managing their condition, maintaining independence and achieving the best possible quality of life through an integrated process of education, information sharing, assessment, care planning and service delivery.

Quality requirement: People with long-term neurological conditions are offered integrated assessment and planning of their health and social care needs. They are to have the information they need to make informed decisions about their care and treatment and, where appropriate, to support them to manage their condition themselves.

QR 2: Early recognition, prompt diagnosis and treatment.

Aim: To ensure that people presenting with neurological symptoms or a neurological condition receive the correct diagnosis and appropriate treatment as soon as possible.

Quality Requirement: People suspected of having a neurological condition are to have prompt access to specialist neurological expertise for an accurate diagnosis and treatment as close to home as possible.

QR 3: Emergency and acute management.

Aim: To improve the treatment of people who develop a neurosurgical or neurological emergency, preventing avoidable illness and death.

Quality Requirement: People needing a hospital admission for a neurosurgical or neurological emergency are to be assessed and treated in a timely manner by teams with the appropriate neurological and resuscitation skills and facilities.

QR 4: Early and specialist rehabilitation.

Aim: To ensure that people who develop a neurological condition achieve the best possible recovery and rehabilitation.

Quality Requirement: People with long-term neurological conditions who benefit from rehabilitation are to receive timely, ongoing, high quality rehabilitation services in hospital or other specialist settings to meet their continuous and changing needs. When ready, they are to receive the help they need to return home for ongoing community rehabilitation and support.

QR 5: Community rehabilitation and support.

Aim: To enable and support people with long-term neurological conditions to lead a full life in the community.

Quality Requirement: People with long-term neurological conditions living at home are to have on-going access to a comprehensive range of rehabilitation, advice and support to meet their continuing and changing needs, increase their independence and autonomy and help them to live as they wish.

QR 6: Vocational Rehabilitation

Aim: To enable people with a long-term neurological condition to work or engage in alternative occupation.

Quality Requirement: People with long-term neurological conditions are to have access to appropriate vocational assessment, rehabilitation and on-going support to

enable them to find, regain or remain in work and access other occupational and educational opportunities.

QR 7: Providing equipment and accommodation.

Aim: To provide people with long-term neurological conditions with appropriate equipment and adaptations to their accommodation to give them greater independence and choice about where and how they live.

Quality requirement: People with long-term neurological conditions are to receive timely, appropriate assistive technology/equipment and adaptations to accommodation to support them to live independently; help them with their care; maintain their health and improve their quality of life.

QR 8: Providing personal care and support.

Aim: To ensure that people with long-term neurological conditions are able to choose where and how they live.

Quality Requirement: Health and social care services to work together to provide care and support to enable people with long-term neurological conditions to achieve maximum choice about living independently at home.

QR 9: Palliative Care.

Aim: To provide people in the advanced stages of long-term neurological conditions with high quality palliative care services.

Quality Requirement: People in the later stages of long-term neurological conditions are to receive a comprehensive range of palliative care services when they need them to control symptoms; offer pain relief and meet their needs for personal, social, psychological and spiritual support, in line with the principles of palliative care.

QR 10: Supporting family and carers.

Aim: To provide support and services to carers of people with long-term conditions, which recognise their need both in their role as carers and in their own rights.

Quality Requirement: Carers of people with long-term neurological conditions are to have access to appropriate support and services that recognise their needs both in their role as carer and in their own right.

QR 11: Caring for people with neurological conditions in hospital or other health and social care settings.

Aim: To provide people with appropriate neurological care at all times while they are having treatment or care in any health or social care setting.

Quality Requirement: People with long-term neurological conditions are to have their specific neurological needs met while receiving care for other reasons in any health or social care setting.

Although the NSF focuses on people with long-term neurological conditions, much of the guidance it offers can apply to anyone living with a long-term condition’.

xiii) Department of Health (2004). National Service Framework for Children, Young People and Maternity Services. Department of Health, London.

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en> (12th May 2006).

‘The Children’s NSF is a 10-year programme intended to stimulate long-term and sustained improvement in children’s health. Setting standards for health and social services for children, young people and pregnant women, the NSF aims to ensure fair, high quality and integrated health and social care from pregnancy, right through to adulthood.

At the heart of the Children’s NSF is a fundamental change in thinking about health and social care services. It is intended to lead to a cultural shift, resulting in services being designed and delivered around the needs of children and families. The Children’s NSF is aimed at everyone who comes into contact with, or delivers services to children, young people or pregnant women.

Part 1 of the Children's NSF sets out five standards which will help the NHS, local authorities and their partner agencies to achieve high quality service provision for all children and young people and their parents or carers.

Standard 1:

The health and well-being of all children and young people is promoted and delivered through a co-ordinated programme of action, including prevention and early intervention wherever possible, to ensure long term gain, led by the NHS in partnership with local authorities.

Standard 2:

Parents and carers are enabled to receive the information, services and support which will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe.

Standard 3:

Children and young people and families receive high quality services which are co-ordinated around their individual and family needs and take account of their views.

Standard 4:

All young people have access to age appropriate services which are responsive to their specific needs as they grow into adulthood.

Standard 5:

All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed.

Part 2 contains standards six to ten, which address children and young people and their parents who have particular needs and should be implemented in conjunction with the standards in the Core. Of particular relevance are standards 8 and 9.

Standard 8 discusses disabled children and young people and those with complex health needs. This standard has three clear visions in the future of children with disabilities and/or complex health needs:

1. Children and young people who are disabled or who have complex health needs are to be supported to participate in family and community activities and facilities.
2. Health, education and social services are to be organised around the needs of children and young people and their families, with co-ordinated multi-agency assessments leading to prompt, convenient, responsive and high-quality multi agency interventions that maximise the child's ability to reach his or her full potential.
3. Children and young people and their families should be actively involved in all decisions affecting them and in shaping local services.

This standard highlights a number of key barriers currently facing disabled children and their families and discusses how the themes in these standards will address these concerns in the future. There are a number of barriers preventing children, young people and families from accessing mainstream and community services, hospital/primary health care services, CAMHS, rehabilitation and therapy services, social services and transport or leisure. Standards 1-5 address many of these barriers and attempt to rectify the social exclusion experienced by many children, young people and their families. Standard 8 identifies 9 key markers of good practice:

1. Disabled children must have access to all mainstream children's services. These promote active participation and inclusion in childhood, family and community activities.
2. Disabled children and young people should receive child-centred multi-agency co-ordinated services from the point of referral through identification and assessment to delivery.
3. Early identification and intervention are provided through clinical diagnosis and the Framework for the Assessment of Children in Need and their Families. Interventions support optimal physical, cognitive and social development, and are provided as early as possible with minimum waiting times.
4. Disabled children and young people who require ongoing health interventions have access to high quality, evidence-based care, delivered by staff who have the right skills for diagnosis, assessment, treatment and ongoing care and support.
5. Families are offered a range of appropriate family support services that are flexible and responsive to their needs and that promote their inclusion in the local community. The option of direct payments is available and promoted.
6. Disabled children and young people and their families are routinely involved and supported in making informed decisions about their treatment, care and support, and in shaping services.
7. Area Child Protection Committees (Local Safeguarding Children Boards) have strategies and protocols to ensure that disabled children and young people are safeguarded from emotional, physical, sexual abuse and neglect, in line with Working Together to Safeguard Children².
8. Multi-agency transition planning and services focus on meeting the hopes, aspirations and potential of disabled young people, including maximising inclusive provision, education, training and employment opportunities.

9. A range of flexible, sensitive services available to support those affected by the death of a disabled child or a child with a life-limiting illness.

Standard 9 discusses the mental health and psychological well-being of children and young people. It aims are to deliver:

1. An improvement in the mental health of all children and young people.
2. Improved multi-agency services that work in partnership to promote the mental health of all children and young people. This service should provide an early intervention and also meet the needs of children and young people with established or complex problems.
3. Access to mental health care for all children, young people and their families that is based upon the best available evidence and is provided by staff with an appropriate range of skills and competencies.

10 markers of good practice are identified in successfully delivering this standard;

1. All staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify early indicators of difficulty.
2. Protocols for referral, support and early intervention are agreed between all agencies.
3. Child and adolescent mental health (CAMH) professionals provide a balance of direct and indirect services and are flexible about where children, young people and families are seen in order to improve access to high levels of CAMH expertise.
4. Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.
5. Child and adolescent mental health services are able to meet the needs of all young people including those aged sixteen and seventeen.
6. All children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent mental health services.
7. The needs of children and young people with complex, severe and persistent behavioural and mental health needs are met through a multi-agency approach. Contingency arrangements are agreed at senior officer levels between health, social services and education to meet the needs and manage the risks associated with this particular group.
8. Arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively.
9. Children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.
10. When children and young people are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by use of the care programme approach?

xiv) Department of Health (1999). National Service Framework for Mental Health. Department of Health, London

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4009598&ch=kmAMLk (12th May 2006).

‘This National Service Framework addresses the mental health needs of working age adults up to 65, and covers health promotion, assessment and diagnosis, treatment, rehabilitation and care, and encompasses primary and specialist care and the roles of partner agencies. The framework also touches on areas where services for children and adults interact, for example the interface between services for 16 to 18 year olds.

Each standard is set out with national standards; national service models; local action and national underpinning programmes for implementation; and a series of national milestones to assure progress, with performance indicators to support effective performance management. An organisational framework for providing integrated services and for commissioning services across the spectrum is also included.

Summary of Standards

Standard One.

Health and social services should;

- Promote mental health for all, working with individuals and communities
- Combat discrimination against individuals and groups with mental health problems and promote their social inclusion.

Standard Two.

Any service user who contacts their primary health care team with a common mental health problem should:

- Have their mental health needs identified and assessed
- Be offered effective treatments, including referral to specialist services for further assessment, treatment and care if they require.

Standard Three.

Any individual with a common mental health problem should

- Be able to make contact round the clock with the local services necessary to meet their needs and receive adequate care
- Be able to use NHS direct as it develops, for first level advice and referral on to specialist helplines or to local services.

Standard Four.

All mental health service users on CPA should

- Receive care, which optimises engagement, anticipates or prevents a crisis and reduces risk
- Have a copy of a written care plan which:
 - Includes the action to be taken in a crisis by the service user, their carer, and their care co-ordinator.

- Advises their GP how they should respond if the service user needs additional help.
- Is regularly reviewed by their care co-ordinator
- Be able to access services 24 hours a day, 365 days a year.

Standard Five.

Each service user who is assessed as requiring a period of care away from their home should have:

- Timely access to an appropriate hospital bed or alternative bed or place, which is:
 - In the least restrictive environment consistent with the need to protect them and the public
 - As close to home as possible
- A copy of a written after care plan agreed on discharge, which sets out the care and rehabilitation to be provided, identifies the care co-ordinator, and specifies the action to be taken in a crisis.

Standard Six

All individuals who provide regular and substantial care for a person on CPA should:

- Have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis
- Have their own written care plan, which is given to them and implemented in discussion with them.

Standard Seven.

Local health and social care communities should prevent suicides by:

- Promoting mental health for all working with individuals and communities (Standard One)
- Delivering high quality primary mental health care (Standard Two).
- Ensuring that anyone with a mental health problem can contact local services via the primary care team, a helpline or an A&E department (Standard three).
- Ensuring that individuals with severe and enduring mental illness have a care plan which meets their specific needs, including access to services round the clock (Standard four).
- Providing safe hospital accommodation for individuals who need it (Standard five).
- Enabling individuals caring for someone with severe mental illness to receive the support which they need to continue to care (Standard six).

And in addition:

- Support local prison staff in preventing suicides among prisoners.
- Ensure that staff are competent to assess the risk of suicide among individuals at greatest risk.
- Develop local systems for suicide audit to learn lessons and take any necessary action'.

Part 3: White Papers, Green Papers and Codes of Practice

i) Every Child Matters (2003)

<http://www.everychildmatters.gov.uk/> (12th May 2006).

Every Child Matters: Change for Children is a 'shared programme of change to improve outcomes for all children and young people. It takes forward the Government's vision of radical reform for children, young people and families. The aim of this document is to ensure that every child has the opportunity to fulfill their potential by reducing levels of educational failure, ill health, substance misuse, teenage pregnancy, abuse and neglect, crime and anti-social behaviour among children and young people. Children and young people have told us that five outcomes are key to well-being in childhood and later life: being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being. The programme aims to improve those outcomes for all children and to close the gap in outcomes between the disadvantaged and their peers through a number of ways.

Building Strong Foundations

The government aims to facilitate the child's potential by ensuring that their families experience better working opportunities, increased financial support, a raised income and also wider access to childcare. Sure Start Children's Centres are to be placed in disadvantaged areas offering integrated early education and full day care, health services, and family and parental support. There is also a plan to improve early years support for disabled children by screening for disabilities as early as possible and developing early support pilot programmes which offer support to families of very young disabled children.

For children with special educational needs, the government aims to improve diagnosis and facilitate early intervention and improve educational outcomes. The SEN Action Programme focuses on practical measures to promote early identification and intervention for children with special educational needs, raise expectations and achievement and build the capacity of schools and early years settings, working with health and social care to provide good teaching and support for all children.

There is also an emphasis in this document of the impact of a negative community spirit in the development of young children. This paper aims to build strong and vibrant communities that provides recreational activity in a safe and nurturing environment.

Supporting parents and carers

The government intends to put supporting parents and carers at the heart of its approach to improving children's lives. The green paper consults on a long term vision to improve parenting and family support through universal services such as a school, health services and childcare providing information and advice and engaging parents in supporting their child's development, where such support is needed or wanted. In addition, family and parenting support is to be improved through targeted and specialist support to parents of children requiring additional support.

The government aims to give parents and carers of disabled children more choice over how they receive services through direct payments.

Early Intervention and Effective Protection

This section of the paper aims to ensure children receive services at the first onset of problems, and to prevent any children slipping through the net. This is to be done by improving information sharing between agencies, ensuring all local authorities have a list of children in their area, a list of services they have had contact with, and the contact details of relevant professionals. The second initiative is the development of a Common Assessment Framework (CAF) for Children and Young People. The CAF is a new, standardised approach to assessing children's needs for services. It has been designed for practitioners in all agencies to help them to communicate and work together more effectively. It is particularly suitable for use in universal services (health and education), to identify and tackle problems before they become serious. For early intervention and effective protection of children there is a need to identify a lead professional to take the lead on each case where children are known to more than one specialist agency. Professionals should also be encouraged to work in multi-disciplinary teams based in and around schools and children's services. They will provide a rapid response to the concerns of frontline teachers and childcare workers.

Accountability and integration – locally, regionally and nationally

The government aim is that there should be one person in charge locally and nationally with the responsibility for improving children's lives. To achieve this, the government will legislate to create the post of Director of Children's Services, accountable for local authority education and children's social services, and to create a lead council member for children. The government's vision for the long term is to integrate key services for children and young people under the Director of Children's Services as part of the Children's Trusts. These bring together local authority education and children's social services, some children's health services, Connexions and can include other services such as Youth Offending Teams. The paper also sets proposals for a new Children's Commissioner to act as an independent champion for children, particularly those suffering disadvantage.

Workforce Reform

The government aims to develop a more skilled and flexible children's workforce by making working with children an attractive, high status career. The workforce reform strategy aims to improve the skills and effectiveness of the children's workforce through a review of pay incentives and training opportunities'.

ii) Department of Health (2001). Valuing People, A new Strategy for Learning Disability in the 21st Century, Department of Health, London.

<http://www.archive.official-documents.co.uk/document/cm50/5086/5086.pdf> (12th May 2006).

This government white paper is 'dedicated solely towards individuals with learning disabilities and aims to reduce service users experiences of marginalisation and social exclusion. A number of government objectives are stated that emphasise the principles of Rights, Independence, Choice and Inclusion. Of most relevance for our

guideline are objectives 2, 4 and 5, which each discuss Transition to Adult Life, Supporting Carers and Good Health respectively. These are summarised below;

Transition into adult life

Government Objective: 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.

Problems and Challenges

Disabled young people and their families often find the transition to adulthood both stressful and difficult. For many, there has been a lack of co-ordination between the relevant agencies and little involvement from the young person. Some young people are not transferred from children's to adult services with adequate health care plans, which result in their exclusion from adult services. This is likely to affect young people with severe learning disabilities and complex health needs in particular. Starting adult life should be a time of opportunity for young people. The Government wants to will help them lead productive adult lives and find employment.

What more needs to be done?

Making the Connexions Service work for Young People with Learning Disabilities.

From April 2001, the new Connexions Service will be rolled out to provide all 13–19-year-olds with access to advice, guidance and support, through the creation of a network of personal advisers. These advisers will identify young people with learning disabilities; they must be invited to and attend annual reviews of all year 9 pupils with statements of SEN; and will work with the school and other relevant agencies to draw up the transition plans. Each Connexions Partnership must have sufficient Personal Advisers with the appropriate skills, experience and training to work with disabled young people. For young people leaving care the Children (Leaving Care) Act places a duty on councils to provide qualifying young people aged 16 and over in and leaving care with a personal adviser. There is such a significant overlap between the roles envisaged for the Act's advisers and Connexions advisers that the advisers provided by councils will also be well placed, with training, to act as Connexions advisers.

Connexions Partnerships will have responsibility for arranging with the local Learning and Skills Council and the Employment Service a review for the young person with learning disabilities in their 19th year, to agree arrangements for appropriate transition from the support provided by the Connexions Service, whilst ensuring continuity. Adult social services may need to be involved in some cases. Where young people are not ready to use the adult guidance services, Connexions Partnerships will continue to support them, with the aim of helping them make use of the adult systems and to reduce dependency on the Connexions Service. These arrangements can extend up to their 25th birthday.

Young People and Person-centred Planning

Chapter 4 sets out the Government's proposals for a person-centred approach to planning services for adults with learning disabilities. Local councils will take the lead in ensuring that local Learning Disability Partnership Boards responsible for

planning and commissioning services for adults agree a framework for the development of person-centred planning. This will build on the assessment and planning for young people already undertaken by Connexions. The Government will issue further guidance on person-centred planning for adults with learning disabilities in 2001. Local agencies will be expected to have introduced person-centred planning for all young people moving from children's to adult's services by 2003.

There will also need to be effective links in place between children's and adults services in both health and social care. We will expect Learning Disability Partnership Boards to identify a member with lead responsibility for transition issues. Ensuring continuity in health care will be a key element of the new Health Action Plan for people with learning disabilities discussed in Chapter 6. For social care, the Director of Social Services will be required to ensure that good links are in place between children's and adult services for people with learning disabilities as part of his/her new responsibility for quality under the Social Care Quality Framework.

Supporting Carers

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

Problems and Challenges

Caring for a family member with a learning disability is a lifelong commitment, which continues even when the person is living away from the family home. Carers make a vital contribution to the lives of people with learning disabilities, often providing most of the support they need. Carers face many problems and challenges.

They need:

- More and better information.
- Better assessment of their own needs.
- Improved access to support services such as day services and short break services (respite care) particularly for those with more severe disabilities.
- To be treated as valued partners by local agencies, not as barriers to their sons or daughters greater independence.

What more needs to be done?

The government expects carers of people with learning disabilities to benefit from all mainstream carer initiatives. This requires effective targeting at local and national levels. Carers must be able to obtain information, advice and help easily from local agencies, especially local councils with social services responsibilities and must be given a single point of contact.

All services and families should implement The Carers and Disabled Children Act 2000, which states the rights of a carer to an assessment of their own needs.

In partnership with MENCAP the government intends to establish a National Learning Disability Information Centre and telephone help and advice line. This aims to facilitate accessible access to information and advice on all aspects of learning disability and also put families in touch with local support groups.

It is essential that the voices of carers be clearly heard in policy development and implementation at both national and local levels. Carers should be treated as full

partners by all agencies involved. The government aims to ensure that carers are represented on the Learning disability task Force and that groups of carers contribute to the Department of Health's existing arrangements for discussing policy and practice issues with the generic national carers' organisations. This is expected to be mirrored at a local level so that carers participate in debates about local policy development.

Improving health care for people with learning disabilities

Government Objective: 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.

Problems and challenges

Most people with learning disabilities have greater health needs than the rest of the population. They are more likely to experience mental illness and are more prone to chronic health problems, epilepsy, and physical and sensory disabilities. Surveys have highlighted shortfalls in primary care and hospital provision. *Facing the Facts*, for example, found inconsistencies in provision of health care in different parts of the country. When people with learning disabilities approached health care providers for assessment or treatment they often found difficulties in gaining access to the help they needed. The health needs of people with learning disabilities may not be recognised by doctors and care staff who have no experience of working with people who have difficulties in communication. Consequently, health outcomes for people with learning disabilities fall short when compared with outcomes for the non-disabled population.

What more needs to be done?

The government has launched a comprehensive plan to tackle health inequalities and their root causes such as poverty, low education attainment, unemployment, discrimination and social exclusion.

As the first point of contact, primary care is the place where many important decisions are made. But for many people with learning disabilities their encounter with the primary care team may be frustrating and difficult. In order to overcome these barriers staff from local community learning disability team in each area will need to take on the role of health facilitators to support people with learning disabilities to access health care they need from primary care and other NHS services. Any community learning disability team member might take up this role, but learning disability nurses will be well placed to fulfil this role. Health facilitators will help general practitioners and others in the primary care team to identify their patients with learning disabilities. Their task will be to facilitate, to advocate and to ensure that people with learning disabilities gain full access to the health care they need. The role of health facilitators will embrace mental as well as physical needs.

The Government expects each individual with a learning disability to be offered a personal Health Action Plan (HAP), The HAP will form part of the person-centred plan and will include details of the need for health interventions, oral health, dental care, fitness, mobility, continence, vision, hearing, nutrition and emotional needs as well as details of medication taken, side effects and records of any screening tests.

Responsibility for ensuring the completion of a HAP will rest with the health facilitator in partnership with primary care nurses and general practitioners. The HAP should be offered or reviewed at the transition from secondary education to post-school options. The government expects all Learning Disability partnership Boards to have an agreed framework for the introduction of HAP's and have clearly identified health facilitators by June 2003.

All people with learning disabilities should be registered with a general practitioner.

The NSF for Mental Health must also apply to those with learning disabilities and additional mental health problems. The government will take steps to ensure that:

- Mental health promotion materials and information about services are provided in an accessible format for people with learning disabilities.
- Strategies for improving access to education, housing and employment, which enhance and promote mental wellbeing will include people with learning disabilities and mental health problems.
- Clear protocols are in place for collaboration between specialist learning disability services and specialist mental health services.
- For people with learning disabilities and mental health problems the Health Action Plan will equate with the Care Plan. Care co-ordinators should have expertise in both learning disability and mental health.
- Specialist staff from the learning disability service will if necessary provide support to crisis resolution/home treatment services or other alternatives to in-patient admission whenever possible.
- Each local service has access to an acute assessment and treatment resource for the small number of individuals with significant learning disabilities and mental health problems who cannot appropriately be admitted to general psychiatric services, even with specialist support.
- If admission to an assessment and treatment resource is unavoidable, specialist staff will help the patient understand and co-operate with treatment'.

iii) Department of Health (2005). Independence, well-being and choice: our vision for the future of social care for adults in England. Department of Health, London.

http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/AboutSocialCare/AboutSocialCareArticle/fs/en?CONTENT_ID=4106483&chk=Qpb oYy (12th May 2006).

'This Green Paper sets out a vision for adult social care over the next 10 to 15 years and how this might be realised. It invites everyone to give their views on the vision and the ideas set out in the document, as well as to contribute new ideas to the debate. The Green Paper is intended to provoke discussion on:

- How we can offer more control, more choice and high-quality support for those who use care services

- How we can harness the capacity of the whole community, so that everyone has access to the full range of universal services and an opportunity to play a full part in society
- How we can improve the skills and status of the workforce to deliver the vision.

The government's vision for social care services is one where:

- Services help maintain the independence of the individual by giving them greater choice and control over the way in which their needs are met
- The local authority and Director of Adult Social Services have key strategic and leadership roles and work with a range of partners, including primary care trusts and the independent and voluntary sectors, to provide services which are well planned and integrated, make the most effective use of available resources, and meet the needs of a diverse community
- Local authorities give high priority to the inclusion of all sections of the community and other agencies, including the NHS, recognise their own contribution to this agenda
- Services are of high quality and delivered by a well trained workforce or by informal and family carers who are themselves supported
- We make better use of technology to support people and provide a wide range of supported housing options
- We provide services with an emphasis on preventing problems and ensure that social care and the NHS work on a shared agenda to help maintain the independence of individuals
- People with the highest needs receive the support and protection needed to ensure their own well being and the safety of society
- The risks of independence for individuals are shared with them and balanced openly against benefits.

The key proposals to deliver this vision include:

- Wider use of direct payments and the piloting of individual budgets to stimulate the development of modern services delivered in the way people want
- Greater focus on preventative services to allow for early targeted interventions, and the use of the local authority well-being agenda to ensure greater social inclusion and improved quality of life
- A strong strategic and leadership role for local government, working in partnership with other agencies, particularly the NHS, to ensure a wide range of effective and well-targeted provision, which meets the needs of our diverse communities
- Encouraging the development of new and exciting models of service delivery and harnessing technology to deliver the right outcomes for adult social care'.

iv) Department for Education and Skills (2001). Special Educational Needs Code of Practice. Department for Education and Skills, London.

http://www.teachernet.gov.uk/_doc/3724/SENCodeOfPractice.pdf (12th May 2006).

This document outlines the process of the annual review for a child with a statement of special educational needs (SEN) up until the end of school and defines the formal transition process.

The Annual Review in Year 9

‘The aim of the annual review in year 9 and any subsequent annual reviews until the young person leaves school is to:

- Review the young persons statement
- Draw up and subsequently review the Transition Plan.

The annual review of the statement held in year 9 should involve agencies that may play a major role in the young persons life during the post-school years and must involve the Connexions Service. The LEA must send the Connexions service a list of all pupils in their area that will require a year 9 review no later than 2 weeks before the start of the school year. The list must include all pupils whether or not they are educated in a school and indicate any schools that the children specified attend. This information will help Connexions Services to plan attendance at year 9 reviews.

The annual review procedure before year 9 applies with the following additions:

- The head teacher must invite the Connexions Service to provide written advice and invite them to the review meeting, to enable all options for continuing education, careers and occupational training to be given serious consideration.
- A representative of the Connexions Service is obliged, by the conditions of grant, to attend the review.
- The head teacher should ensure that other providers such as health authorities and trusts are aware of the particular procedures to be followed in year 9.
- The head teacher must invite the social services department to attend the review so that any parallel assessments under the Disabled Persons (Services, Consultation and Representations) Act 1986; the NHS and Community Care Act 1990; and the Chronically Sick and Disabled Persons Act 1970 can contribute to and draw information from the review process.
- The head teacher must ensure that a transition plan is drawn up. This should be done in consultation with the Connexions Service.

The Transition Plan

The annual review in year 9 and any subsequent annual reviews until the young person leaves school must include the drawing up and subsequent review of a Transition Plan. The Transition Plan should draw together information from a range of individuals within and beyond school in order to plan coherently for the young person’s transition to adult life. Transition Plans when first drawn up in year 9 are not simply about post-school arrangements, they should also plan for on-going school provision, under the statement of SEN as overseen by the LEA.

All those involved in the process should adhere to the principles that underpin the nature of transition and transition planning and the requirements of the young people and their families. Transition planning should be:

- participative
- holistic

- supportive
- evolving
- inclusive
- collaborative.

The Connexions Service is responsible for overseeing the delivery of the Transition Plan and the Connexions Personal Adviser (PA) should co-ordinate its delivery. Further detailed advice on the principles and processes of transition planning are set out in the SEN Toolkit. The Connexions Framework for Assessment Planning, Implementation and Review also contains information on transition planning and is likely to be the first port of call for PA's.

In order to ensure coherence for the young person, there should not be a separate Transition Plan and Connexions action plan. Where the young person has been involved with a PA previously and therefore already has an action plan, the Transition Plan should build on, update and expand this earlier plan. The action plan could, if the young person agrees, be circulated with the reports prior to the annual review meeting in year 9.

The views of young people themselves should be sought and recorded wherever possible in any assessment, reassessment or review from year 9 onwards. PA's, student counsellors, advocates or advisors, teachers and other school staff, social workers or peer support may be needed to support the young person in the transition process. The young person must be helped to participate fully in this process.

The role of the Connexions Service

The Connexions service will have a particular role to play in ensuring the participation and progression of young people with SEN aged 13-19. PA's should ensure they are aware of all young people with SEN in year 8. A representative of the Connexions service must be invited to the year 9 annual review meeting and must attend. The attendance of the PA is critical to the process. PA's should be invited to all subsequent annual reviews, and are expected to attend where appropriate.

The Connexions service should assist the young person and their parents to identify the most appropriate post-16 provision, provide counselling and support, and have continuing oversight of, and information on, the young person's choice of provision. These processes will need to be carried out in partnership with the LEA's and SEN officers and those professionals who know the young person well.

Involvement of social services departments

LEA's must seek information from social services departments under section 5 of the Disabled Persons (Services, Consultation, Representation) Act 1986, as to whether a young person with a statement under Part IV of the Education Act 1996 is disabled (and so may require services from the local authority when leaving school). Social services departments should ensure that a social worker attends the year 9 annual review meeting and contributes to the formation of the Transition Plan where a young person is subject to a care order, accommodated by the local authority or is a 'child in need'.

Involvement of health services

Health professionals involved in the management and care of the young person should provide advice towards transition plans in writing and, wherever possible, should attend the annual review meeting in year 9. They should advise on the services that are likely to be required and should discuss arrangements for the transfer to adult health care services with the young person, their parents and their GP. They should facilitate any referrals and transfers of records, which may be necessary, subject to the informed consent of the young person and parents, and should liaise with the Connexions service as appropriate.

Annual reviews from year 10

The school remains responsible for convening annual review meetings until such time as the pupil leaves school. Some pupils with SEN's will remain in school after the age of 16. LEA's remain responsible for such pupils until they are 19. Whatever the intended future destination of the young person, the annual review has an additional significance as the young person approaches the age of 16. The Connexions Service should be invited to and should attend the review meeting in year 11 in order to ensure that the Transition Plan is updated appropriately. In the young persons final year of school, the Connexions service has a separate responsibility, under Section 140 of the Learning and skills Act 2000, for ensuring that an assessment of their needs on leaving school is undertaken and the provision identified.

Transfer of Information

The head teacher with the Connexions Service should facilitate the transfer of relevant information to ensure the young people receive any necessary specialist help or support during their continuing education and vocational or occupational training after leaving school. The Connexions Service should seek the agreement of students and parents to the transfer of information (including statements) from school to the continuing education sector or other provision.

The Connexions Service should ensure that where a young person has a SEN, a copy of the statement together with a copy of the most recent annual review, and Transition Plan, is passed to the social services department and any post-16 provision that the young person will be attending'.

iv) Department for Education and Skills (2001). SEN Toolikt. Department for Education and Skills, London

http://www.teachernet.gov.uk/_doc/4615/Toolkit%2010%20Text.pdf (12th May 2006).

This toolkit combined with the SEN Code of Practice 'defines the formal Transition process for children that are educated in school or otherwise. It defines the transition plan and outlines the responsibilities of the head teacher, Connexions Personal Advisors, school staff and other professionals for ensuring that the Transition Plan is drawn up and the transition process runs as smoothly as possible.

The document states that 'the aim of the annual review in year 9 and subsequent years is to:

- Review the young person's statement

- Draw up and subsequently review the Transition Plan.

The annual review of the statement held in year 9 should involve the agencies that may play a major role in the young person's life during the post-school years and must involve the Connexions Service who must attend. The annual review must consider all the same issues as at all other reviews, and the report to the LEA should be in the same format.

The SEN Code of Practice states that the head teacher must invite the following people to take part in the annual review meeting in year 9:

- The child's parents, or, if the child is looked after by the local authority, the child's social worker, the residential care worker or foster parents, as appropriate.
- A relevant teacher, which may be the child's class teacher or form/year tutor, the SENCO, or some other person responsible for the provision of education for the child, the choice resting with the head teacher.
- A representative of the LEA
- A Connexions Personal Adviser
- Any person that the LEA specifies
- Any person the head teacher considers appropriate
- The pupil
- An LEA educational psychologist.
- Health service representatives
- Social services representative, so that any parallel assessments under other legislation can contribute to and draw information from the review process
- Other closely involved professionals.

The head teacher together with the Connexions Service should facilitate the transfer of relevant information to ensure that young people receive any necessary specialist help or support during their continuing education and vocational or occupational training after leaving school. For young people with specific disabilities, the role of social services departments will be of particular importance and local authorities have specific duties relating to other legislation.

When the pupil enters their final year in school, the PA is required to draw up an action plan with the young person and relevant agencies including the local Learning and Skills Council and potential providers, that builds on and takes forward the Transition Plan when the LEA's involvement ceases. The head teacher and other agencies must ensure that relevant information is passed to the Connexions Service to enable this process to happen'.

Student involvement in decision-making during transition

This document encourages early student involvement in the transition process. It states that 'before the time of the annual review in year 9 the head teacher should ensure that the PA, or another member of staff to whom the responsibility has been delegated, works with the young person to identify their wishes and views. PA's can work with the pupils from the age of 13 and so could have already built a rapport with the young person and start developing an action plan. It is important that:

- Schools consider ways of ensuring that pupils' views are listened, or where necessary, reported at meeting – for example the use of the Personal advisor, student counsellors, advocated or advisors, social workers or peer support.
- Curriculum planning should focus on activities, which encourage pupils to reflect upon their own experiences and wishes and to form their own views.
- Pupils will be most effectively involved in decision making when supported by information, careers guidance, counselling, work experience and the opportunity to consider a wide range of options during years 9-11.

Schools will also have processes for action planning such as building up Records of Achievement or Progress Files, so the action plan may not simply be the product of the partnership between the young person and the PA. Thus any previous process of action planning should form the basis of the Transition Plan. To ensure coherence for the young person, they should not have a separate personal action plan in addition to the Transition Plan. The SEN Transition Plan must be designed for and with each young person. The plan should therefore be written in a clear, unambiguous style with language that is accessible to everyone'.

The Transition Plan

This section of the document defines a transition plan and outlines the process of transition planning in year 9 and in subsequent school years until the young person leaves school. It states that the 'aim of a transition plan is to plan coherently for the young persons transition to adult life. The annual review in year 9 must include discussion on the issues of transition. The plan should build on the conclusions reached and targets set at previous annual reviews, including the contributions of teachers responsible for careers education and guidance. It should focus on strengths and needs and cover all aspects of the young person development, allocating clear responsibility for different aspects of development to specific agencies and professionals. Social services departments, the health services and the Connexions service should be actively involved in the plan.

Transition planning is a continuous and evolving process and therefore the Transition Plan can change and grow over time. At subsequent annual reviews until the young person leaves school, the Head Teacher should ensure that the transition plan is reviewed and updated.

The first plan must be drafted following the annual review of the statement held in year 9. The plan must be framed in terms that allow for monitoring and continuous review. It should include tangible outcomes, clear and realistic milestones and specific commitments from the young person and from those whose support is necessary to achieve the Plan. The PA should oversee and coordinate the delivery of the plan, and so the plan should set out what will happen next in terms of contact and support from the PA.

After the year 9-review meeting, the PA will keep in contact with the young person and work with them to ensure they are working on their parts of the plan. The LEA or Connexions service should be able to provide details of any relevant voluntary organisations or other local sources of help and advice, including any local disability organisations. In addition, the PA should provide the young person with details about any benefits they may be entitled to claim'.

The Role of the Connexions Service

‘The Connexions service must be invited to year 9 annual reviews and must attend, and should be invited to all subsequent annual reviews. Vocational guidance should include information on further education and training courses and should take fully into account the wishes and feeling of the young person concerned. The Connexions service should assist the young person and their parents to identify the most appropriate post-16 provision, offer counselling and support, and give continuing oversight of, and information on, the young person's choices.

It is the responsibility of the Connexions Service together with FE providers to identify appropriate post-16 education and training choices, and to ensure that Learning and Skills Council requirements are fulfilled for attendance at FE colleges, whether mainstream or specialist’.

Involvement of Health Services

‘Health professionals involved in the management and care of the young person should provide advice towards Transition Plans in writing and should, where appropriate, attend the annual review meeting in year 9. They should advise on the services that are likely to be required and should discuss arrangements to transfer to adult health care services with the young person, their parents and their GP. They should facilitate any referrals and transfers of records that may be necessary, subject to the informed consent of the young person and should liaise with the Connexions Service as appropriate’.

Involvement of Social Services

‘Social workers should identify and attend the year 9 reviews of young people who are eligible for assessment under the Disabled Persons (Services, Consultation, and Representation) Act 1986. The involvement of the social worker should help ensure that planning for a young person's further education, housing and care requirements is undertaken in a long term and appropriate way. Social work assessments should be carried out in parallel to the SEN procedures. Such assessments can also contribute to and draw information from the annual review process at year 9 and in subsequent years’.

v) Cabinet Office (2005). Improving the life chances of disabled people, Strategy Unit, London.

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4101751&hk=LeTuVM (12th May 2006).

This is a joint report from Department of Work and Pensions, Department of Health, and Department for Education and Skills, Office of the Deputy Prime Minister.

The report proposes that ‘the Government should set an ambitious vision for improving the life chances of disabled people. This report is primarily about the needs of disabled people below pension age, but many of the proposals are relevant for individuals across the entire life-course. Future strategy for disabled people should seek to realise this vision through practical measures in four key areas:

1. Firstly by helping disabled people to achieve independent living.

Over time, this new approach should bring together existing funding streams that are currently fragmented, and which require disabled people to go through multiple assessments in order to access different forms of support. This new approach allocated available resources in an individualised budget that is made transparent to the disabled person. The budgets should be used to get whatever type of support the individual needs – whether it is equipment, personal assistance, housing adaptations or help with transport to work.

This new approach will require some radical changes to the way in which budgets are organised and services are delivered across the range of policy areas, government departments and local service providers. Some elements of this new system would need to be piloted and this report envisages a staged approach up until 2012. One of the key ingredients for developing this new approach should be the direct involvement of disabled people. The capacity of organisations that support disabled people should be increased to enable them to play an effective part in supporting disabled people to achieve independent living. Steps should also be taken to improve the provision of advice, housing and transport options for disabled people.

2. Secondly by improving support for families with young disabled children.

Families with young disabled children have additional needs which should be met. These needs may be specific to the child – such as assistive technology – or be part of the wider implications of having a disabled child with significant needs – such as need for home-based support. Families of disabled children should, in due course, be able to access individualised family budgets to meet the additional needs arising from the child's impairment. Over time individualised budgets will play a crucial part in helping families overcoming barriers to support services. However, there are a number of key services for which disabled children and their families must have effective access as soon as possible. This includes timely access to any equipment required, childcare provision and access to a key worker should be in place for all families with high needs, to provide them with information, improve communication and coordinate early intervention.

3. Thirdly by facilitating a smooth transition into adulthood.

There are three key ingredients needed for effective support for disabled young people at the transition to adulthood:

- Planning for transition focused on individual needs
- Continuous service provision
- Access to a more transparent and more appropriate menu of opportunities and choices.

Over time, individualised budgets should mean a seamless transition from childhood to adult services. There must also be a greater overlap between child's and adults services to allow people with disabilities to benefit from children's services well beyond the current age cut-offs for those services. To address this, child services should move to include all disabled people up to the age of 25 and adults services should be made increasingly available to disabled young people.

Alongside these other measures, transitions to adulthood should be improved for young disabled people through;

- The availability of information including accessible local and national information on transition processes, services and opportunities;
 - Mapping, dissemination and – in due course – national take-up of the most effective person-centred processes already in place at a local level;
 - Ensuring that advice and guidance given to young disabled people, including Connexions, meets the needs of young disabled people.
4. Fourthly by improving support and incentives for getting and staying in employment.

Too often employment focused support is not accessed until disabled people have spent some time out of work and away from the labour market. Interventions at this late stage can be inefficient. This report advocates for early intervention to help disabled people stay in touch with the labour market. There are two key elements to improving the employability of disabled people:

- Disabled people need to have the skills that employers want – compulsory education needs to play a key role in making sure that this is the case, but there should also be a role for more effective training and access to ‘lifelong learning’ for disabled people
- Disabled people should also be able to have ready access to the personal support they need in order to work. At the same time, all employers should be able to access the effective advice and financial support to make the necessary workplace adjustments.

The strategy will be driven forward by a new Office for Disability Issues reporting to the Minister for Disabled People’.

Part 4: Procedures

i) Department of Health (2001b). Fair Access to Care Services: Guidance on eligibility Criteria for Adult Social Care, Department of Health, London.

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/FairAccessToCare/fs/en> (12th May 2006).

‘This guidance provides councils with social services responsibility (‘councils’) with a framework for determining eligibility for adult social care. It is hoped that through using the same framework to determine eligibility, local implementation should lead to a more consistent approach to eligibility and fairer access to services across the country’. The aim of this document is to make eligibility for services dependent on needs and circumstances, not on where people live and where they first access services.

The framework is based on individuals' needs and associated risks to independence, and includes four eligibility bands - critical, substantial, moderate and low. When placing individuals in these bands, the guidance stresses that councils should not only identify immediate needs but also needs that would worsen for the lack of timely help.

At the heart of the guidance is the principle that councils should operate just one eligibility decision for all adults seeking social care support. Councils should not operate eligibility criteria for the type and depth of assessments that they carry out; likewise, they should not operate eligibility criteria for specific services. The guidance explains how assessments and subsequent care planning should be carried out, in proportion to needs and in good time.

The guidance emphasises that when commissioning services, councils should ensure that services are in place that meet eligible needs. Councils must also ‘develop strategies to fill service gaps and improve the range, accessibility and effectiveness of current service options, ensuring that services are sensitive to, and respect, the culture and faith, and communication and sensory attributes, of service users. Councils must also ensure that commissioning arrangements are consistent with the objective of promoting direct payments’.

The guidance emphasises that reviews of individual service users' circumstances should be carried out by appropriate council professionals on a regular and routine basis. These reviews should incorporate re-assessments of individuals' need, and will help councils to reach decisions on continuing eligibility. Councils must ensure that individuals are active partners in the assessment of their needs. Councils are advised of the action they should take when significantly reducing and withdrawing services following a review, and of the particular sensitivity they should exercise in situations where reviews have not been carried out for some time prior to the implementation of the guidance.

The guidance confirms that when setting their eligibility criteria, councils should take account of the resources locally allocated to adult social care. Because of the different resource positions of councils, the guidance does not require councils to reach similar

decisions on eligibility, or to provide similar services, to people in similar needs. The guidance is fully consistent with the financial settlements for Personal Social Services resulting from the Government's Spending Reviews in 2000 and 2002.

A paragraph referring to transitions identifies the need for councils to have arrangements in place for individuals that are in the process of moving from youth to adulthood. These arrangements must include a re-assessment by the council that takes into account the services that were previously received.

The guidance also provides a starting point for eligibility criteria for packages of continuing health and social care, and joint eligibility for services provided under section 31 of the Health Act 1999.

ii) Department of Health (2004). Local Authority Circular: Community Care Assessment 2004. Department of Health, London.

http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/LocalAuthorityCirculars/AllLocalAuthorityCirculars/LocalAuthorityCircularsArticle/fs/en?CONTENT_ID=4088369&chk=tZ5Kz3 (12th May 2006).

‘Full involvement of individuals and their carers in both assessment and care planning has long been recognised as good practice and the importance of doing so has been highlighted in previous guidance. The Community Care Assessment Directions place existing good practice and guidance on conducting care assessments and care planning into a legal framework.

The Community Care Assessment Directions do not change the requirements of best practice or the guidance available at

<http://www.carers.gov.uk/carersdisabledchildact2000.htm>

or

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/SingleAssessmentProcess/fs/en>.

The Directions, however, ensure that this existing practice and guidance on conducting care assessments and care planning is placed within a legal framework. For example when assessing older people the requirements of the Single Assessment Process and the National Service Framework should be observed and where necessary joint assessments involving health partners should be completed. Assessments for all adults with complex needs should take account of physical, cognitive, behavioural and social participation needs.

Full involvement of individuals and their carers in both assessment and care planning has long been recognised as good practice and the importance of doing so has been highlighted in previous guidance. Carers are entitled, under the Carers and Disabled Children Act 2000, to request an assessment of their needs in supporting the person they care for. It is, in any case, good practice that an assessment is offered to a carer who is going to be involved in providing part of the care package. The involvement of the carer in the assessment and care planning process ensures there is a realistic

account taken of the care a carer is able to provide and that the caring relationship is sustainable. A carer's refusal of the offer of an assessment should not be used as a reason to exclude the carer from assisting with care planning.

There will be cases where the person whose care is being planned lacks the capacity to consent to the involvement of carers, or to the care plan itself. In these situations best practice suggests that the carers should be involved as much as possible, currently local authorities have a responsibility to make decisions in the best interests of the person being cared for'.

iii) West Midlands Regional Single Assessment Process group (2004). The single assessment process and cross boundary working: Good practice Guide

<http://www.dh.gov.uk/assetRoot/04/09/86/41/04098641.doc> (12th May 2006).

'This Good Practice Guide has been produced on behalf of the West Midlands Single Assessment Process Regional Group. It is based on the findings of the Cross Boundary Project about how the Single Assessment Process is being implemented in the West Midlands and the implications for working across geographical boundaries in the region. The findings are set out in the report of the Project (SAP & Cross Boundary Working Project Findings, October 2004).

This good practice guide sets out what localities can reasonably do to enhance effective joint working of health and social services through the Single Assessment Process, and makes practical suggestions for moving towards greater commonality and standardisation in the region'. For example it suggests that localities need to identify their 'cross boundary flows, hold a forum for discussion with neighbouring areas, understand the differences between neighbouring areas highlighted by the discussion forums, identify and address the areas that need concentration and finally must sign an Information Sharing Agreement'.

iv) Department of Health (2001a). Health Service Circular/ Local Authority Circular. Continuing Care: NHS and Local Councils' responsibilities, Department of Health, London.

<http://www.dh.gov.uk/assetRoot/04/01/22/80/04012280.pdf> (12th May 2006).

The purpose of this guidance is to ensure that NHS and local councils agree on joint continuing health and social care eligibility criteria. 'This guidance covers all adults aged 18 or over but is primarily concerned with older people, older people with mental health needs, people with dementia and younger adults requiring continuing NHS health care as a result of illness or accident.

Section 49 of the Health and Social Care Act 2001 will remove local councils responsibility for providing nursing care by a registered nurse. Directions will require the NHS to take responsibility for such care in the future'. It is therefore crucial that Health authorities and local councils agree joint continuing health and social care eligibility criteria and identify their respective responsibilities for meeting continuing health and social care needs.

This document describes the responsibility of the NHS for ‘arranging and funding a range of services that meet the needs of people requiring continuing physical or mental health care. It is expected that the NHS will fulfil the needs of individuals that are either at home, in a nursing home or a residential home.

This national guidance states that continuing NHS healthcare is provided according to:

- ‘The nature or complexity or intensity or unpredictability of the individuals health care needs (and any combination of these needs) that requires regular supervision by a member of the NHS multidisciplinary team, such as the consultant, palliative care, therapy or other NHS member of the team.
- Whether the individuals needs require the routine use of specialist health care equipment under supervision of NHS staff.
- Whether the individual has a rapidly deteriorating or unstable medical, physical or mental health condition and requires regular supervision by a member of the NHS multidisciplinary team, such as the consultant, palliative care, therapy or other NHS member of the team.
- Whether the individual is in the final stages of a terminal illness and is likely to die in the near future’.

Section 33 onwards discusses the arrangements for continuing care review panels and complaints procedures and ensures that these procedures are in line with this new guidance.

v) Department of Health (2002). Action for Health – Health Action plans and Health facilitation. Detailed good Practice guidance on Implementation for Learning Disability Partnership Boards. Department of Health, London.

<http://www.dh.gov.uk/assetRoot/04/07/96/50/04079650.pdf> (12th May 2006).

‘The White Paper Valuing People (2001) highlights government expectations for all Learning Disability Partnership Boards to have agreed a framework for the introduction of Health Action Plans and to have ensured that there are clearly identified health facilitators for all people with a learning disability. A priority stage for when Health Action Plans should be offered and reviewed is the transition from secondary education.’ These objectives must also include individuals with learning disabilities and additional mental health problems.

‘A Health Action Plan details the actions needed to maintain and improve the health of an individual and any help needed to accomplish these. It is a mechanism to link the individual and the range of services and supports they need, if they are to have better health. The Plan is primarily for the person with learning disabilities and should co-produced with them.

Health Action Plans can help people to maintain and improve their health by:

- Focusing attention on health issues
- Identifying health concerns and how to address them

- Ensuring there is an adequate response from a range of services including positive responses from the NHS
- Supporting changes in the wider context of people's lives and addressing health issues that prevent people from achieving greater social inclusion.

Useful (secondary) functions of Health Action Plans might also be:

- To educate or inform the individual and people working with them about health
- To improve the co-ordination of services for the individual
- To influence services and other structures that affects the person's life (including the collection of data to inform change).

Examples of the process of Health Action Planning and how Health Action Plans work in different circumstances are provided in sections 3 and 6 of the document.

Section 2 of the document defines Health Facilitation and outlines the role of Health facilitators in terms of their skills, knowledge, and expertise and outlines the competencies required.

Section 9 discusses the priority of Health Action Planning at Transition and the impact of health related issues on other aspects of the transition process. It is important that at this stage of a young person's life that Health Action Plans, transition Plans or any other personal plan reflect each other well and where possible can be combined into one document. This section identifies the responsibility of Partnership Boards, connections staff and other relevant agencies in:

- Ensuring young people's health needs are considered as part of their transition plan
- Identifying individuals with greater health needs in advance of the move to adult services.
- Ensuring families and young people are familiar with the names and identities of new professionals involved in the young person's health care.
- Having accessible information on health care available for young adults with learning disabilities'.

The concept of Health action Planning is still in its infancy and approaches that consider whether Health Action Planning is positively affecting the health care of a person with learning disabilities need to be identified and piloted.

vi) Effective Care Co-ordination in Mental Health Services. Modernising the Care Programme Approach. A Policy document.

<http://www.dh.gov.uk/assetRoot/04/05/72/70/04057270.pdf> (12th May 2006).

'The Care Programme Approach (CPA) was introduced in 1991 to provide a framework for effective mental health care. Its four main elements are:

- Systematic arrangements for assessing the health and social needs of people accepted into specialist mental health services
- The formation of a care plan which identifies the health and social care required from a variety of providers
- The appointment of a key worker to keep in close touch with the service user and to monitor and co-ordinate care
- Regular review and, where necessary, agreed changes to the care plan.

This booklet aims to clarify the role and purpose of the CPA in the context of the provision of modern mental health care. The CPA remains applicable to all adults of working age in contact with the secondary mental health system (health and social care). The principles of the CPA are relevant to the care and treatment of younger and older people with mental health problems. The transition from child and adolescent services to adult services and from adult services to services for older people is critical and must be managed effectively. Services should have in place clearly identified plans and protocols for meeting the needs of younger and older people moving from one service to another.

The four main sections of the booklet discuss:

The integration of the CPA with Care Management

- The CPA will be integrated with Care Management in all areas to form a single care coordination approach for adults of working age with mental health problems.

Achieving consistency in the implementation of the CPA

- This section aims to correct the existing variation across the country in terms of definition and interpretation in the levels of CPA applied to service users.
- The name of the key worker will also be changed to Care Co-ordinator.

Achieving a more streamlined approach

- The CPA should not duplicate any information already gathered and place any additional burden of paperwork on professionals.
- Review of the adults care plan should be ongoing and not restricted to a particular time limit, i.e. six monthly.
- Local service providers should ensure that a system is in place to collect data on all service users

Assessing the needs of service users and ensuring that the appropriate care is delivered to meet those needs.

- Risk assessment is an essential and on-going part of the CPA process. Care plans for severely mentally ill service users should include urgent follow-up within one week of hospital discharge. Care plans for all those requiring enhanced CPA should include a 'what to do in a crisis' and a contingency plan.
- The CPA should take account of the needs of the service users as well as the lives of their wider family.

(Note that CPA applies even when a person is in full time care such as hospital or residential care setting.)