



Learning Disability Coalition

The Learning Disability Coalition

The Learning Disability Coalition represents 15 learning disability organisations who have come together to form one group with one voice¹. The Coalition believes that people with a learning disability have the right to live independent lives with the support they need. The members of the Coalition campaign to make sure that there is sufficient funding to enable people with a learning disability to have the same choices and chances as everyone else.

Respondent Details

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Date of response:	26 April 2010
This submission has been made by Anthea Cox on behalf of the Learning Disability Coalition	

Introduction

The Learning Disability Coalition welcomes the opportunity to contribute to the Care Quality Commissions' consultation on Assessments of Quality in 2010/11. Our response is specific to the issues that are of concern to people with a learning disability, their families and carers.

Question 1.

Do you support our aims for assessments of quality?

In general we support the aims for assessments of quality. Of particular importance is the focus on outcomes rather than processes. For this to be an effective strategy, agreement needs to be sought on what constitutes a positive outcome. It is vital that the commission takes a human rights approach and recognises that people with a

¹ **LDC members** are: Association for Real Change, British Institute of Learning Disabilities, Down's Syndrome Association, Foundation for People with Learning Disabilities, Mencap, National Autistic Society, The National Forum for People with Learning Difficulties, People First, Real Life Options, Sense, National Valuing Families Forum, National Family Carer Network, Turning Point, United Response and Voyage.

learning disability have an entitlement to the same type of healthcare and social care as the general population. Without high quality, affordable social care people with a learning disability will be excluded and disempowered from participating as equal citizens, in family life, public life, work, education and leisure.

The continuing focus on personal care at the expense of other types of support is contrary to much Government Policy, including the Fair Access to Care eligibility framework and the personalisation of social care. This approach still dominates at a service level.

Question 2.

What more could we do to promote efficiency and streamlining of our approach to assessments, so as to reduce the costs while maintaining the benefits?

We are supportive of the joined up approach that is described and believe that this makes a real difference. The foundation principle for joined up services outlined in 'Building a National Care Service'², had been affirmed in the green paper consultation process undertaken by the Coalition³.

Question 3.

Do you support the general direction of our approach for assessing councils as commissioners? What changes would you like to see so that our assessments are as effective as possible in promoting improvement in the performance of councils?

We are supportive of an approach that draws agencies together to develop the same measures on outcomes. We are anxious, however that the needs of people with learning disabilities and the human rights based approach described in question 1 are fully represented in any such combined approach. We would want to encourage measures that are based on personalisation as set out in Putting People First.⁴

For people who use direct payments, councils as commissioners have a role in community capacity building, ensuring that local communities have sufficient resources and staff to support them.

There is a need to ensure that there is sufficient training provided to commissioners so that they can fulfil their responsibility towards people with a learning disability, including people with profound and multiple learning disabilities.

Question 4.

Do you support the general direction of our approach for assessing PCTs as commissioners? What changes would you like to see so that our assessments are as effective as possible in promoting improvement in the performance of PCTs?

We support the proposal to publish a narrative account and a number of scored assessments, rather than giving councils an overall score.

²http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_114923.pdf

³http://www.learningdisabilitycoalition.org.uk/download/Learning_Disability_Coalition_SFCT_response.pdf

⁴http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081119.pdf

Question 5.

Do you support the general direction of our approach for assessing NHS trusts and PCTs as providers? What changes would you like to see so that our assessments are as effective as possible in promoting improvement in the performance of NHS trusts and PCT providers?

In answering this question we would direct the Commission towards the reports: Treat me Right and Death by Indifference, Mencap, Sir Jonathan Michael's Healthcare for All⁵ and 6 Lives⁶ and The Parliamentary and Health Service Ombudsmen which highlight the poor health outcomes and deaths of people with a learning disability.

It is important that the CQC examines if PCT's are giving due regard to the recommendations made when purchasing services. In assessing the delivery of care by NHS trusts the recommendations in Healthcare for All should be implemented including the need for a lower threshold of intervention with patients with a learning disability and specific training for all nurses who encounter patients with a learning disability.

Question 6.

Do you support the general direction of our approach for assessing adult social care providers? How do you think we should approach quality ratings in the future?

The Coalition would want to support the new registration requirements believing that this will lead to improvements in the safety and quality of social care services. We would urge caution in designing a quality rating to ensure that issues for specific groups of people are not hidden; for example the need for staff to be able to communicate with people with sensory loss.

We consider it an imperative that people with a learning disability are involved at all stages of the assessment process; this includes ensuring that people receive support, including communication support to be able to fully participate in such processes.

Question 7.

Do you have any views on our approach to reporting our findings? What sort of information would you like us to publish – what would you find useful?

Reports of findings of quality assessments are a tool for enabling commissioners and providers to be held to account and can ensure transparency. Special reviews have proved to be significant in creating policy debate and learning in specific areas. The Coalition would therefore want to see the continuance of special reviews.

Question 8. Which of our proposed topics for special reviews and studies do you consider to be the highest priority? What specific issues would you like us to address and how could we best do this?

⁵http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_106126.pdf

⁶ http://www.ombudsman.org.uk/improving_services/special_reports/hsc/six_lives/index.html

We would urge the Commission to consider including the needs of people with profound and multiple learning disabilities in the list of proposed topics for review. People with PMLD are fully reliant on health and social care services. They and their family carers need to be included in the Commission's work in monitoring and improving health and social care. This will require the Commission to develop procedures for meaningful consultation which involves and uses the experiences of people with PMLD in assessing quality.

Learning Disability Coalition April 27 2010