

# Report for the Learning Disability Partnership Board Meeting of 31<sup>st</sup> March 2011

## *Proposals for Partnership Board Arrangements for 2011/12*

### **1 Background**

The Learning Disability Partnership Board (LDPB) was established following the introduction of Valuing People, A New Strategy for Learning Disability for the 21st Century, 2001. Partnership Boards were not a statutory requirement but Local Authorities were strongly encouraged to establish Boards and these were monitored through the regional Valuing People Programme.

The LDPB in Wakefield has been commended for its approach and effectiveness as one of the best in the region. It has been well resourced with a Partnership Manager and administrator and underpinned by commissioned advocacy and self-advocacy services, and has had strong leadership. Wakefield Council has therefore invested more than many other Councils in the Partnership Board over a number of years.

Following the introduction of Valuing People Now (2009), a 3 year cross-Government strategy, a new local strategy was developed alongside new terms of reference for the LDPB, in order to increase responsibility and accountability for outcomes. It was agreed that the role of the partnership board is to:

- ✚ Make sure that people with LD get the support they need within available resources
- ✚ Decide about the services that are needed and make sure they are available
- ✚ Make sure that all organisations work together
- ✚ Ensure that money is spent wisely
- ✚ Make sure that people with a learning disability are involved in all decisions
- ✚ Make sure that health and social services funding is pooled
- ✚ Make sure that we uphold the values of promoting choice, rights, independence and inclusion
- ✚ Meeting targets set by Government and local priorities, for example personalisation

### **2 Local Strategy**

The current local Learning Disability Strategy (Every Adult with a Learning Disability Matters, 2009-12) has underpinned the work of the Partnership Board since 2009, through 9 priority areas for development, with work delivered through 9 delivery groups. The Learning Disability Development

Fund has supported the work of delivery groups and Chairs of delivery groups have reported back regularly on outcomes to the Partnership Board. Whilst outcomes have been variable dependent on the capacity of chairperson's and delivery group members and the changing political and economic climate, there has been a significant number of positive outcomes arising from the delivery groups, particularly in respect of access to vocational opportunities and employment, improved access to health care and the involvement of carers, including those from BME communities and development of a range of housing options.

### **3 National Drivers for Engagement and Participation**

The NHS White Paper, *Equity and Excellence: Liberating the NHS*, highlights the need for a stronger voice for people who use services and greater choice and control at all levels. The White Paper sets out a vision where: "Shared decision making will become the norm and highlights the view that improved health and care outcomes can only be realised by "involving people fully in their own care".

*A Vision for Adult Social Care: Capable Communities and Active Citizens* and the accompanying Partnership Agreement *Think Local, Act Personal*, focus on the themes of co-production and engagement. This policy states that a commitment to engaging people is vital to personalisation and prevention, partnership and protection of vulnerable people.

In accordance with Government policy, over the next 12 months, we will need to ensure that a User-Led organisation is in place in Wakefield, and the Local Involvement Networks (Links) will change its name and develop into a local HealthWatch organisation by April 2012. HealthWatch will be the local consumer voice for people who use and need health and social care services. The idea is that HealthWatch will empower people in order that they can improve and influence commissioning decisions.

HealthWatch will also have a role in providing advice and information and helping people to navigate their way around health and social care services. The future role of Partnership Boards for specific service user groups will need to be considered in the context of HealthWatch and the LDPB needs to ensure that people with Learning Disabilities and their carers are well represented through this forum.

### **4 Performance and Government Priorities**

Part of the role of the LDPB has been to ensure that Wakefield meets performance targets as they relate to people with learning disabilities and their families. The nine priorities agreed by the LDPB all contributed to performance assessment and there were specific national indicators in respect of housing and employment. At the present time, it is not clear what

the performance framework for adult social care will look like in the future, but it is clear that we will need to be more accountable to local people and more focussed on outcomes, that is, the difference that services are making to people's lives and the number of people in control of their own care and support.

As Partnership Board members already know, the Regional Valuing People Programme is coming to an end, and the Government has also recently announced that the centrally funded programme team will also cease to exist from the end of March 2011. The Government has however stated its commitment to continue to improve the lives of people with learning disabilities, but has stated that "local action" is not dependent on central and regional boards and should continue through local partnership boards and through the cross-government partnership board. This Government therefore sees a stronger role at a local level to set priorities and account for outcomes.

On 4<sup>th</sup> March 2011, the Minister for Health and Social Care, Paul Burstow announced continued Government support to improve the health and lives of people with learning disabilities, with specific commitments as follows:

- Further research until 2013 into premature and avoidable deaths of people with learning disabilities
- Continuation until 2013 of the public health observatory in relation to the health and health care needs of people with learning disabilities
- Funding for the work of the National forum of people with learning disabilities and the National Valuing Families Forum for 2011/12
- Publication of materials to help Local Authorities and partners to drive forward employment for people with learning disabilities

## **5 Recommendations**

### ***Partnership Board***

It had been intended that proposals for the future of the Partnership Board would be considered alongside a review of all Partnership Boards in Wakefield to ensure consistency and identify any areas for joint working. Whilst initial information has been gathered such as frequency and terms of reference for meetings, it is not possible at this stage to draw any clear conclusions to influence recommendations for the future of LDPB. With the development of HealthWatch and User Led Organisations, changes to engagement will need to be made across all service user and carer groups.

Given the changes described above, particularly in respect of HealthWatch, it is recommended that the LDPB continues to meet during 2011/12 in order to provide leadership for learning disability services until we are clearer about the role and scope of HealthWatch and any emerging User led Organisations.

Given reduced management and administrative resources within the Council and lack of a Government grant specifically for learning disability services, it is

recommended for 2011/12 that the LDPB meets 4 times only (excluding the March meeting) and that it becomes more focussed on agreeing how we can **prioritise services**, given the budget pressures, drive **forward personalisation and transformation** and **support consultation processes**. We may also need to consider revisions to membership in order to engage other partners who can help us achieve agreed outcomes, for example Public Health.

In the longer-term, (from April 2012), it is recommended that we ensure that HealthWatch plays a key role in engaging with people with learning disabilities and their carers and ensuring that they influence local decisions and commissioning. Alongside this, it is recommended that the LDPB evolves into a forum, which is more service user and carer led and relies less on facilitation from Local Authority Officers. We would need to explore models for achieving this and it is recommended with vouchers remaining from Inclusion North, which would give us 5 days of work, that we progress this work and bring back options to the next LDPB meeting.

### **The Hot Group**

It is important that we continue to promote self advocacy and helping service users to be involved in some of the difficult decisions that will need to be taken at a local level over the next few years. However, again we need to ensure that we achieve efficiencies. Service users have contributed to the following recommendations:

- During 2011/12, reduce the meetings from 4 to 3.
- With Inclusion North work on options for future groups, which are less reliant on paid support and how they feed into HealthWatch and/or User led organisations
- Only people for whom it has been assessed that they cannot safely use public transport will be provided with transport
- Providers to work together more closely to achieve efficiencies with transport and support during the meetings
- The cost of food to be covered by service users attending the event, or meetings to be held without food.
- Consider the use of volunteers to facilitate meetings
- Seek sponsorship for self-advocacy

## **6 Priorities for Delivery Groups**

It is recommended that only 4 delivery groups should operate during 2011/12 as follows:

- **Health** (Including the Patient Experience Group). The rationale for this is that whilst we have made excellent progress at a local level, there are still gaps in respect of the health needs of people with learning disabilities, compared to the health needs of the general population. For this work, there needs to be closer links with public health services and embedding

good practice within the NHS Acute Trusts. As above, the Government has stated its commitment to improving the health of people with learning disabilities.

- **People with Autism.** We now have specific statutory duties in respect of people with autism. Consideration was given to the establishment of a separate Partnership Board for people with autism, but given available resources, it is recommended that this stays with the LDPB, but that membership of the delivery group is more representative across the partners and has strong leadership.
- **Employment-**Although this is a difficult economic climate, it is recommended that we continue to operate a delivery group in respect of employment for people with learning disabilities and/or autism. This work would include whether more sustainable employment is possible for people with more severe learning disabilities, a review of day services and current social enterprises within the district and how people with learning disabilities can contribute to their local communities.
- **Carers-**there is a refreshed carers strategy and it is important that carers of people with learning disabilities have a voice in the development of the local strategy, taking full advantage of services available locally.

### **Practical Arrangements**

*It is recommended that:*

- There will be no payment for venues unless there are exceptional circumstances
- We should review the expenses paid to Partnership Board representatives as the LDPB and Mental Health Partnership Boards are the only boards where expenses are paid and consideration is being given to ceasing expense payments for people attending the Mental Health Board.

In respect of the delivery groups no longer in existence, the Partnership Board needs to ensure that the needs of people with learning disabilities are fully considered through other engagement and planning processes and governance arrangements, with annual reports back to the Board during 2011/12 on Safeguarding, Housing, People with Complex Needs, People from BME communities and Putting People in Control, through the personalisation agenda.

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15<sup>th</sup> March 2011