Good Learning Disability Partnership Boards: ‘Making it happen for everyone’
## Good Learning Disability Partnership Boards: Making it happen for everyone

### Description

This guidance will help Learning Disability Partnership Boards to oversee and monitor the local delivery of Valuing People Now. It includes a range of best practice examples and a self-assessment template setting out the range of local data that Partnership Boards can access to in order to assess progress locally.

### Cross reference

- Valuing Employment Now: Real jobs for people with learning disabilities (2009)

### Target audience

- PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Local Authority CEs, Directors of Adult SSSs, Directors of HR, Directors of Children’s SSSs
- Medical Directors, Directors of PH, Directors of Nursing, NHS Trust Board Chairs, Directors of Finance, Allied Health Professionals, GPs, Directors of Children’s SSSs, Voluntary Organisations/NDPBs

### Contact details

Social Care Policy and Innovation
Department of Health
Room 116 Wellington House
133-155 Waterloo Road
London SE1 8UG
email: scpi-enquiries@dh.gsi.gov.uk
www. Dh.gov.uk/en/Policyand guidance/Socialcare/
Deliveringadultsocialcare/Learningdisabilities
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Foreword by the Minister for Care Services

Partnership Boards have a key role in making it happen for everyone.

When the Valuing People White Paper was published in 2001, it established local Learning Disability Partnership Boards as part of its delivery mechanism. Partnership Boards were set up to bring together all the relevant local agencies and stakeholders, and to give a voice to people with learning disabilities and their family carers.

Since 2001, some Partnership Boards have become effective agents for change, robustly monitoring local progress with a central role in local strategic planning and commissioning, and delegated financial responsibility.

However, evidence shows that the effectiveness of Boards has not been consistent across the country and that certain groups have not been fully engaged with, or represented on, Partnership Boards. This is particularly the case for people with learning disabilities and family carers from black and minority ethnic communities and people with complex needs.

Valuing People Now (2009) places even greater emphasis on local Partnership Boards to ensure the effective delivery of Valuing People Now. Partnership Boards are now part of a new governance structure that allows for the reporting of local data to the new Regional Learning Disability Programme Boards. This will help the National Learning Disability Programme Board, which I co-chair, to have a national overview of progress and decide how to provide additional support where needed.

This guide sets out best practice in that new context, and is a direct response to the requests for further guidance from Partnership Boards as part of the Valuing People Now consultation in 2008. It gives best practice examples from around the country and is based on the evidence that the most effective Partnership Boards are those with strong links to other local boards and work programmes; where there is delegated or shared financial and commissioning responsibility; and where there is meaningful representation of people with learning disabilities and family carers from all local communities.
The vision in Valuing People Now is that every Partnership Board is 'central to the strategic planning, commissioning, delivery and performance management of all services as they relate to learning disability in every local area'.

I share this vision and hope that this guidance will empower every Partnership Board to become an effective agent for change, monitoring local progress and ensuring that people with learning disabilities and their family carers are at the heart of local decision making.

Phil Hope MP
Minister of State for Care Services
Messages from our key delivery partners

This guidance gives people with learning difficulties and their family carers the chance to have a real say in how services for all people with learning difficulties are planned for, purchased and kept an eye on – and this can only be a good thing.

National Forum for People with Learning Difficulties

‘Effective Partnership Boards are central to the strategic planning, commissioning, delivery and performance management of services for people with learning disabilities and their families. Based on strong commitment, and with senior membership from Local Authorities and Primary Care Trusts, they have sufficient information and authority to oversee and monitor the delivery of Valuing People Now locally.’

Valuing People Now: The Delivery Plan (Department of Health, January 2009)

To make Valuing People Now deliver better lives for all people with a learning disability and their families, Partnership Boards must work well. To do that they need to fully involve everyone.

National Valuing Families Forum

Including everyone is a priority in Valuing People Now. This includes people with learning disabilities and their families from black and minority ethnic communities. Partnership Boards need to make sure that they plan with and monitor that they are meeting the needs of these communities. We welcome this guidance.

National Advisory Group on Learning Disability and Ethnicity
1. Introduction

1.1 Learning Disability Partnership Boards were set up in all local authority areas following publication of the Valuing People White Paper in 2001.\(^1\) The purpose of these Boards was to oversee the interagency planning and commissioning of comprehensive, integrated and inclusive services that provide a genuine choice of service options to people in their local community. Valuing People recognised that effective partnerships were key to achieving social inclusion for people with learning disabilities.

1.2 However, evidence shows that the membership, governance structures, responsibilities, knowledge, accountability and effectiveness of Partnership Boards vary across the country.\(^2\) Research published in 2008 showed that very few Partnership Boards were operating as envisaged in Valuing People, and most were focused on process and engagement rather than improving outcomes for all people with learning disabilities and family carers.

1.3 Valuing People Now\(^3\) gave clear responsibilities to Partnership Boards reflecting responses to the Valuing People Now consultation process which called for strengthening of Partnership Boards. Valuing People Now also established a new governance structure with the creation of Regional Learning Disability Programme Boards, whose role will include supporting and advising local Partnership Boards (see figure 1).

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\(^1\) Valuing People: A New Strategy for Learning Disability for the 21st Century (Cm 5086), Department of Health (2001)
\(^2\) The Role and Effectiveness of Learning Disability Partnership Boards, Rachel Fyson and Liz Fox, University of Nottingham, 2008 (www.mencap.org.uk) and How well are Partnership Boards hearing the voices of People with Learning Difficulties and Family Carers?, Speaking Up (2007)
\(^3\) Valuing People Now: a new three-year strategy for people with learning disabilities, Department of Health (2009)
1.4 The Care Quality Commission has given an opportunity for Boards to comment on the performance of all NHS bodies in their local area as part of their annual assessment (‘the annual health check’). This is an important lever for local Boards to help ensure that people with learning disabilities get good, fair and safe treatment and support from health services in their local area.

1.5 Valuing People Now is a key element in the wider programme to personalise public services and transform adult social care. It links closely with other health and social care strategies, including Putting People First, the Shaping the Future of Care Together Green Paper, commissioning developments within the NHS, and strategies on housing, skills and worklessness. Partnership Boards therefore need to be well linked to other local programmes and decision-making bodies.

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4 Putting People First: A shared vision and commitment to the transformation of Adult Social Care, Department of Health (2007); Shaping the Future of Care Together, HM Government (2009)
1. Introduction

Annual reports

1.6 *Valuing People Now* recommends that, from April 2010, all Partnership Boards should produce an annual report detailing progress in implementing the strategy. The annual report is *not* mandatory but it is *your* opportunity to bring together all the information you have about people with learning disabilities and their carers, including their needs, services and future plans, to help steer local commissioning.

1.7 The report will enable all stakeholders to know what progress has been made in a local area. It will set a benchmark and can be used to identify those areas where insufficient progress has been made and where local areas may need regional or national input. The report will also be an important aid to planning – you can use it to set the agenda for the coming year.

1.8 The annual report will help Boards and key partners, including local authorities and Primary Care Trusts (PCTs), to ensure that they are meeting agreed standards, for example by enabling measuring of progress on improving access to healthcare by bringing together information from:

- the Operating Framework;
- the Strategic Health Authority (SHA) self-assessment framework (which all SHAs have signed up to); and
- Care Quality Commission monitoring.

The same is true for other areas in *Valuing People Now*, for example housing (National Indicator (NI) 145), employment (NI 146) and social care-related data (Skills for Care National Minimum Data Set for Social Care).

1.9 Most of the information for the report uses existing data sources such as existing health and social care returns, including Joint Strategic Needs Assessments. A list of data sources is given in Appendix D.

1.10 Because the annual report is so important for you locally and for future planning, it is important that people with learning disabilities and family carers on Partnership Boards sign it off.

Guidance

1.11 Evidence shows that effective Partnership Boards are those where there are good working relationships and strong links with other boards and commissioning bodies.

1.12 Many people have asked us for help in how to make their Board more effective in leading and monitoring the implementation of *Valuing People Now*. 
1.13 This guidance is focused on Boards’ operational aspects. It is not intended to be prescriptive but gives guidelines for local governance, management, membership and ways of working. It does not aim to give detailed guidance on how to undertake specific programmes of work. We want to highlight examples of good practice in the Valuing People Now newsletter and on the Valuing People Now website.5

1.14 A list of recommended actions for Partnership Boards taken from the Valuing People Now strategy was published as part of the Resource Pack in April 2009. This list is given in Appendix A.

1.15 Further recommended actions to support the implementation of Valuing Employment Now6 are given in Appendix B.

1.16 Appendix C sets out a copy of the proposed template for reporting local progress in the implementation of Valuing People Now in 2009–10. An electronic version of this template can be found on the Valuing People Now website.

1.17 Appendix D gives a list of the data sources that should be used for the annual report.

1.18 Appendix E shows the data tables from the Adult Social Care Combined Activity Return (ASC-CAR) for NI 145 (the number of people with learning disabilities in paid employment) and NI 146 (the number of people with learning disabilities in settled accommodation).

1.19 Appendix F lists other programmes and boards that you may want to link with to ensure that people with learning disabilities have access to the range of universal services that will enable them to play a full part in their communities.

Best practice example

The Southeast Regional Implementation Group is the hub of good practice sharing, with many Partnership Boards visiting each other and sharing good ideas. A good example was Medway, Oxfordshire and West Sussex working jointly on the initial health and social care agreements (Section 31 of Health Act 1999, revised under Section 75 of National Health Service Act 2006).

5 www.valuingpeople.gov.uk
6 Valuing Employment Now: real jobs for people with learning disabilities, Department of Health (2009)
2. Local governance arrangements

2.1 Learning Disability Partnership Boards sit within the overall governance and accountability arrangements for local authorities and PCTs. It is therefore for those bodies to determine the governance structure, responsibilities and powers delegated to Partnership Boards.

2.2 Evidence shows that effective governance arrangements for Partnership Boards include those where Boards are clear about:

- their key role in leading and overseeing implementation of Valuing People Now;
- membership, including role descriptions;
- the appointed Chair(s);
- Board responsibilities;
- levels of financial delegation; and
- business planning and work programmes.
2.3 To facilitate this, local authorities and PCTs will want to agree:

- the terms of reference;
- levels of delegated authority, financial, commissioning and decision making;
- whether arrangements are underpinned by a Section 75 agreement on pooled budgets, joint commissioning, integrated management and delegation to the Board;
- links with other boards and decision-making bodies; and
- Board reviews.

2.4 **Accountability** for the operation and effectiveness of the Partnership Board rests with the Director of Adult Social Services and the PCT Chief Executive. If Directors of Adult Social Services and Chief Executives of PCTs are not members of the Partnership Board, they need to assure themselves that the Partnership Board is leading implementation of *Valuing People Now* and that the Board’s decisions are acted on.

**Best practice example**

**Wokingham** has well-developed structures and governance arrangements to the point where the Partnership Board will be independent in the near future. There is a clear decision-making structure that leads to an annual report, and they have a work plan and governance structure that regularly involves about 70 people.
3. Membership of Partnership Boards

3.1 Evidence has shown that the most successful Partnership Boards in securing better outcomes for people with learning disabilities are those which involve Directors of Adult Social Services and Chief Executives of PCTs and have robust and effective arrangements for involving people with learning disabilities and their family carers.

3.2 People who commit resources and make things happen need to be on the Board, as well as people with learning disabilities and family carers who are elected onto the Board to represent certain groups of people.

3.3 Suggested principles for deciding membership are that:

- Partnership Board members are there to implement *Valuing People Now*;
- there is a balance of professionals and people with learning disabilities and family carers, ideally drawn from a range of ethnic communities, and including people with more severe or complex needs. Age range and gender balance are also important;
- people with learning disabilities and family carers form at least 50% of the Board membership so that their voice is influential in decision making;
- people with learning disabilities and family carer members provide broad representation across the local population including the most excluded groups, e.g. ethnicity, complex needs and challenging behaviour;
- people with learning disabilities and family carers will need appropriate support so that they can take as active a part in Board decision making and activity as possible. That support should ensure that people are enabled to voice their own opinions and aspirations; and
- statutory agencies are responsible and accountable for formal consultation, implementation, financial probity and management, and providing information to the population.

3.4 The table on pages 8 and 9 provides a suggested model of core membership which would ensure that Boards have the appropriate authority and legitimacy to deliver *Valuing People Now*. 
<table>
<thead>
<tr>
<th>Member</th>
<th>Role</th>
<th>Elected or job role</th>
</tr>
</thead>
</table>
| Director of Adult Social Services                                    | • Leadership, strategic overview securing action and commitment across all agencies  
<pre><code>                             | • Lead for social care                                                | Job role                    |
</code></pre>
<p>|                                                                      | • Link across local authority on other issues, e.g. housing           |                             |
| Primary Care Trust Chief Executive or Director                       | • Lead for health including work with all parts of NHS, and health services in prisons and youth offender institutions | Job role                    |
|                                                                      | • Strategic overview securing action and commitment across all agencies |                             |
|                                                                      | • Link with Prison Partnership Boards                                  |                             |
| Local Authority Members                                              | • Securing delivery of <em>Valuing People Now</em>. Championing and linking with the wider local authority agenda | Nomination by Council       |
| Non-Executive Director of Primary Care Trust                         | • Championing delivery of <em>Valuing People Now</em> within the NHS          | Nomination by Chair of Primary Care Trust                             |
|                                                                      | • PCT board lead for learning disabilities                             |                             |
| People with learning disabilities drawn from a range of ethnic backgrounds | • With support, to engage with and represent the views of all people with learning disabilities including those identified as most often excluded | Elected from advocacy/ user-led organisations/ user forums in services (although some individuals with complex needs may not belong to these groups) |
|                                                                      | • Link with advocacy groups                                            |                             |
|                                                                      | • Hold the statutory agencies to account                               |                             |
|                                                                      | • Sign off the annual report                                           |                             |</p>
<table>
<thead>
<tr>
<th>Member</th>
<th>Role</th>
<th>Elected or job role</th>
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| Family carers of people with a learning disability drawn from a range of ethnic backgrounds | • With support as necessary, to engage with and represent the views of all family carers, including those of people identified as generally most excluded  
• Hold the statutory agencies to account  
• Sign off the annual report | Elected from carers’ groups |
| Head of Joint Commissioning | • Strategic planning and commissioning based on the Joint Strategic Needs Assessment  
• Link with providers and with joint lead for post-16 education | Job role |
| Assistant Director for Children’s Services | • Lead for links with children’s services with a special focus on transition and parents with a learning disability. Link with Connexions  
• Joint lead for post-16 education | Job role |
| Strategic Housing Lead | • Lead for the development and implementation of local housing strategy for people with learning disabilities  
• Link with Supporting People, registered social landlords and Homes and Communities Agency | Job role |
| Jobcentre Plus District Manager | • Employment Champion  
• Links to employment benefits services, Connexions, care services, education services, local employers and others | Job role |
| Voluntary sector representative | • Joint lead with self-advocates and family carers on advocacy | Nominated from the sector |
| Provider representative | • Link with Providers Forum, supported employment providers, health and social care providers. Information sharing | Elected |
3.5 Local authorities and PCTs can choose to broaden the membership or co-opt others according to local needs and priorities, as well as ensuring that Boards are manageable, task focused and effective. Some Boards might want to include an independent member, for example an academic with a special interest in learning disability or a local employer.

3.6 Local authorities and PCTs covering large geographical areas may want to have locality groups reporting to the Board. These are opportunities for the wider involvement of people with learning disabilities, family carers and a range of professionals from relevant agencies. The section on work programmes and task groups on page 14 gives guidance about this.

3.7 Leadership of the Board is critical to the success of delivering better outcomes for all people with learning disabilities. Valuing People Now sets out the step-change necessary in the leadership of this agenda, and local authorities and PCTs may want to review the chairing arrangements in the light of this guidance. The arrangements for chairing will need to be decided locally, but a good model is one where there is a co-chairing arrangement between a senior leader, for example the Director of Adult Social Services, and a person with a learning disability. Where an independent Chair is appointed, they should be accountable to the Director of Adult Social Services and the Chief Executive of the PCT and, ideally, have regular access to them. The Chair needs to have the necessary authority, information and support to lead the Board effectively.
3.8 Local authorities and PCTs will want to make sure that Boards are of a manageable size. Boards may wish to call on other professionals from different agencies to deliver specific pieces of work, including finance directors, personalisation leads, performance managers and service provider heads as appropriate.

Best practice example

**The Norfolk Learning Difficulties Partnership Board** is jointly chaired by the Head of Social Services and a person with a learning disability.

They have set up locality groups in North, South, East and West Norfolk and Norwich. Locality groups are like local Partnership Boards, where people from the local area can get together to talk about the issues that affect them. They try to sort these out by setting actions. Everyone has an equal voice. Every locality group has sub-groups – some look at health, housing and employment.

Sub-groups feed back to the locality group which in turn feeds back to the Partnership Board.

Norfolk Learning Difficulties Partnership Board: Annual Report 2008

Best practice example

**Coventry** has broad representation on its Partnership Board: this includes self-advocate and carer representatives, councillors and senior managers.

They use a range of formats for sharing information at meetings, including DVDs which enable a wider group of self-advocates to show how they consider issues and to give feedback on Partnership Board plans.
4. Good and effective meetings

‘… local Learning Disability partnerships will review their… processes of engagement and working practices… operating in line with good practice advice.’

4.1 To lead effective delivery of Valuing People Now, Partnership Boards need good operational practices which will ensure that they are truly inclusive of people with learning disabilities, family carers and senior members from the relevant agencies.

4.2 Evidence shows that where Partnership Boards agree in advance and set out in writing how the meeting will be run and how work will be taken forward, people with learning disabilities and family carers are more closely involved and they deliver more effective outcomes.

4.3 Best practice experience suggests that this includes:

- appropriate support and remuneration arrangements for people with learning disabilities and family carers who are Board members;

- appropriate support arrangements for people in sub-group meetings, as necessary;

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7 Valuing People Now: a new three-year strategy for people with learning disabilities, Department of Health (2009), p117
• pre- and post-Board meetings, including access to professionals who will be presenting reports at Board meetings;
• an agreed set of ways of working;
• accessible papers to be sent out at least two weeks prior to any meetings;
• material that is presented in a variety of formats, e.g. easy read, charts, presentations, visual formats, DVDs, audio etc;
• an accessible venue;
• regular breaks and refreshments;
• timings of meetings that benefit the involvement of non-professionals and encourage public participation;
• agenda setting to be inclusive of people with learning disabilities and family carers;
• a system for checking on progress, performance management and keeping the work ‘on track’;
• a clear process for the taking of decisions and actions and the recording of these;
• decision making on whether meetings or part of meetings should be open or closed to the public;
• a system for the preparation and signing of the annual report; and
• appropriate support for the Board and any sub-groups.

Best practice example

**Oxfordshire Partnership Board** has developed a range of tools to enable all of its members to participate as much as possible. These include:

• an ‘easy words’ terms of reference (called ‘How the Board Works’);
• clear processes for electing three-quarters of the Board members (the other quarter are members because of their position, e.g. the lead officer);
• a short ‘job description’ stating what is required of each member; and
• ground rules and a traffic lights system to enable all Partnership Board members to control discussions at meetings.

The Oxfordshire Board also uses a PowerPoint guide to give members a constant visual aid of what is being discussed, or about to be discussed, and how long the agenda item is.
5. Work programmes

5.1 The six priorities identified in the *Valuing People Now* Delivery Plan\(^8\) should be the main focus of the work of the Board during 2009–10. These are to:

- raise awareness of *Valuing People Now* across national and local government, private and voluntary sectors, and within wider society;
- have an effective Partnership Board operating in every local authority area;
- secure access to, and improvements in, healthcare, with SHAs and PCTs responsible for, and leading, this work;
- increase the range of housing options for people with learning disabilities and their families, including closure of NHS campus homes;
- ensure that the personalisation agenda is embedded within all local authority services and developments for people with learning disabilities and their family carers, and is underpinned by person centred planning; and
- increase employment opportunities for people with learning disabilities.

5.2 It is important that all people benefit from attention to these priority areas, including those whose behaviour is perceived as challenging and those with profound or complex needs.

5.3 Many Partnership Boards have already established work programmes and Boards may want to set up task groups to support delivery of their key priorities, for example on:

- good health;
- better housing; and
- employment (as set out in *Valuing Employment Now*).

5.4 Other priorities for which Boards may wish to set up task groups include:

- support for family carers (including carers with learning disabilities);
- person centred planning;

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5. Work programmes

- workforce development;
- transition from children’s to adult services/post-16 education;
- advocacy;
- Providers Forum; and
- equalities (to ensure that all task groups are kept aware of the need to embed equalities issues across all work strands).

5.5 Boards may also want to include transport, hate crime, relationships, parenting and leisure task groups, or work around the agreed regional priorities and any other local priorities.

5.6 Task groups will want to ensure that their focus includes all people with learning disabilities, especially those identified in Valuing People Now as most excluded.

5.7 Members of the Board, in their lead responsibilities, can act as chairs of, or links with, these task groups. These groups are an opportunity to involve a wider range of people with learning disabilities, family carers and professionals across agencies, for example NHS providers, private and voluntary sector social care providers, Disability Employment Advisers, local employers, registered social landlords and supported employment providers, to ensure that the priorities, actions and targets set by the Board are achieved.

Best practice example

Southampton Partnership Board has a strong emphasis on work programmes and outcomes. The Mental Health Green Light Programme was one such area, where a project worker was employed to complete the toolkit working with a group of people with learning disabilities. The group was involved all the way through the process, including leading workshops, resulting in an award from the National Institute for Mental Health in England for their work. The Partnership Board now has a group that thinks about the mental health needs of people with learning disabilities as part of their Better Health group. Similar processes have been adopted to implement person centred planning and other priorities.
6. Performance and financial management

6.1 To lead delivery of *Valuing People Now*, Partnership Boards will need to understand:

- current and future local needs;
- their current position in relation to national performance indicators, service patterns and priorities; and
- the local financial position and spending patterns.

6.2 It is good practice for councils and other agencies to inform Partnership Boards well in advance of spending (and other) plans, and in particular any service developments and efficiency savings, so that the Board has the opportunity to make its view known, and to record those views. Budget or service planning may create tensions. It is expected that if carers and people with learning disabilities on the Partnership Board are strongly opposed this should be reported formally to the relevant committee.

6.3 Appendix C sets out the template to help Partnership Boards produce their annual report for 2010. This will give Partnership Boards an excellent tool to assess progress on the implementation of *Valuing People Now*.

6.4 The annual self assessment report template will be updated each year to reflect feedback received and new future priorities set in light of progress achieved.

**Best practice example**

*Salford City Council and Primary Care Trust*, in setting up the Partnership Board, used powers under the then Health Act 2000 to agree membership, governance arrangements and financial delegation. Members include self-advocates and supporters, family carers, a councillor, a non-executive director of the Primary Care Trust, senior officers from the Council and Primary Care Trust, and others. The management of the pooled budget is delegated to the Board, which is responsible for commissioning and expenditure. Senior finance officers from either the Primary Care Trust or the Council present quarterly reports on expenditure and forecasts, prompting any necessary action from the Board. These same officers attend pre-Board meetings with self-advocates and family carers to go through the details of the budget reports. Reports are presented in an accessible way with charts and other graphics.
7. Communication and awareness raising

7.1 Partnership Boards have a key role to play in raising awareness of *Valuing People Now* generally, and to inform stakeholders and partners about local actions necessary to implement *Valuing People Now*.

7.2 Partnership Boards have been sharing information in a variety of ways to suit local circumstances. Good practice examples include:

- a Partnership Board website;
- a Partnership Board newsletter;
- web-cam recording of Partnership Board meetings to enable local groups to participate and to enhance the awareness of the general public;
- regular information days;
- an annual general meeting; and
- use of public information sites to publicise Partnership Board information, for example:
  - libraries
  - leisure centres
  - community centres
  - GP surgeries
  - council and PCT websites.

**Best practice example**

There is a growing number of good examples of awareness raising. The *East Midlands* ‘News and Events’ pages on the *Valuing People Now* website (www.valuingpeople.gov.uk) are linked to seven Partnership Board websites developed in the region. Other Partnership Boards produce regular newsletters.

8.1 *Valuing People Now* recommends that all Partnership Boards produce an annual report detailing local progress in the implementation of the strategy. A national template has been developed to allow Partnership Boards to develop a benchmark set and engage in this work. The annual report template is designed to bring together all the existing information in one place, including the information needed to report to the Ombudsmen,⁹ and can serve as a useful tool in reporting to the Overview and Scrutiny Committee in Cabinet. We are encouraging everyone to use and return this.

8.2 This report will:

- help people at a local level to plan services; and
- make those plans and processes transparent to local people.

8.3 A copy of the proposed template for 2009–10 is attached as Appendix C. An electronic version of this template and completion instructions are given on the accompanying CD. They can also be found at www.valuingpeople.gov.uk.

8.4 We recommend that the electronic version of this report template should be completed and signed off by the nominated representatives of people with learning disabilities and family carers on the Board when they are satisfied that the majority of family carers and self-advocates are happy with the report.

8.5 To help in the sharing of best practice, the identification of areas where further action or support would help (either at a regional or national level) and the development of a regional view, we are asking Partnership Boards to return their templates to Regional Programme Boards, ideally by 31 March 2010.

8.6 Regional Programme Boards will produce regional reports, using the voluntary returns as the basis, to inform a national report which will be considered by the national Learning Disability Programme Board.

8.7 Most of the information for the annual report will already be collected by local authorities and PCTs as part of national returns, performance assessments etc. A list of data sources is given in Appendix D.

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Appendix A

Key actions for Partnership Boards 2009–12 set out in Valuing People Now

These are the key actions for Partnership Boards from Valuing People Now.

Partnership Boards need to:

- develop their own equality schemes to show how they are implementing and monitoring equalities legislation;
- review their person centred planning strategies in light of the forthcoming person centred planning guidance;
- work with key agencies to ensure that personalisation strategies include person centred planning approaches. Personalisation strategies need to include support planning and carers’ impact assessments for all adults with complex needs or where changes are planned in their support and services;
- ensure that people with learning disabilities and their family carers can act as partners in improving healthcare for people with learning disabilities;
- ensure that local Joint Strategic Needs Assessments (JSNAs) identify the housing needs of people with learning disabilities to inform strategic planning, including identifying the number of people with learning disabilities living with family carers over 70 and those with complex needs;
- ensure that, by 2012, all young people with statements of special educational needs who have learning disabilities have person centred reviews from the ages of 14 to 19, which actively involve the young person and their family;
- be included in the local multi-agency employment strategy, linked to Public Service Agreement 16;
- make sure that access to the post-16 education and training sector is fully included in the local strategy for responsibilities returning to local authorities;
• support local service commissioners and providers to develop systems and processes which will enable people with learning disabilities to **build and sustain relationships**;

• ensure that all relevant bodies (PCTs, local authorities etc) are using **accessible information** when supporting parents with a learning disability and that their services are accessible, as required by disability discrimination legislation;

• develop an **information strategy** to publicise the availability of **advocacy** regionally and locally and to share best practice;

• engage with **local transport plans** to ensure the effective inclusion of people with learning disabilities;

• engage with local **Crime and Disorder Reduction Partnerships** and to identify a **hate crime lead** and a link person responsible for working with **Local Safeguarding Children Boards**;

• take their place at the **centre of local delivery** of the key objectives. This will mean building close links between Partnership Boards and the JSNA process, Local Strategic Partnerships and the Local Area Agreement, as well as local Overview and Scrutiny Committees; and

• **review their Board membership, processes of engagement and working practices** with a view to ensuring that the Board is properly constituted and led; consulted by statutory agencies; operating in line with good practice advice; and ensuring sufficient resources for the operation of the Board. Directors of Adult Social Services and PCT Chief Executives have important leadership roles at local level.
Appendix B

Additional actions for Partnership Boards set out in Valuing Employment Now

• To ensure that person centred plans and person centred transition plans focus on getting a paid job as an outcome for all people with learning disabilities of working age. Personal budgets can and should be used to support people into work.

• To develop a local employment strategy (based on the Valuing Employment Now policy intentions) to increase the number of people with learning disabilities in paid work. This strategy should link to local strategies on skills and worklessness, as well as plans for post-16 education and commissioning.
Appendix C

Valuing People Now: Partnership Board annual self assessment report template 2009–10

- All figures requested below relate to adults with learning disabilities (aged 18 and above unless otherwise stated) who are known to services (local authorities and/or health services) and their families. (Care should be taken not to double count those people known to both local authorities and health services.)

- All information to be collated from April 2009 to March 2010 data.

- The quantitative data should be drawn from existing data collections (see Appendix D for a list of sources). Health and social care data from national returns to be taken from the August 2009 figures.

- An electronic version of this template is available on a CD-ROM and via the Valuing People Now website. Word limits will apply to each of the free text sections.

<table>
<thead>
<tr>
<th>1. Name of local authority and Primary Care Trust(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2. Local picture (please give actual figures and percentages)</th>
</tr>
</thead>
</table>

Note: you may wish to take this information from your Joint Strategic Needs Assessment (JSNA), or Care Quality Commission self-assessment return (or use the information collected here to inform future JSNAs)

To include:

- Description of area covered in terms of geographic spread, whether rural or city; local authority type (shire county/unitary authority/metropolitan district/London borough); NHS bodies; Prison Partnership Board.

- General population (including socio-economic status breakdown and number of young people not in employment, education and training (NEETs)).

- Description of population of people with learning disabilities (aged 18 and above) known to services.
• Total **number** of adults with a learning disability known to services. Data to then be broken down to show:
  – **age** (18–64, 65+)
  – **gender**
  – **ethnic origin**
  – people with complex needs*1
  – people who exhibit behaviour which challenges services*
  – people with learning disabilities who also have autism*
  – people living with family carers aged 65+
  – people with learning disabilities who are parents
  – people aged 18–25 who are in further education, whether part or full time, and whether in local or residential education.

• Other information you may want to report progress on:
  – people with learning disabilities in the criminal justice system
  – people with learning disabilities detained under the Mental Health Act (local authorities and PCTs have this information).

• How the specific needs of people with learning disabilities highlighted in your JSNA are met (please give examples of this).

• What is being done to improve information that informs planning and commissioning of services for people with learning disabilities.

### 3. Partnership Board arrangements

Details of Partnership Board arrangements, frequency of meetings, sub-groups, overall structure and membership, date of last review.

Membership details to include roles and representatives, including numbers of people with learning disabilities and family carers, stating ethnic background and gender and whether any members have complex needs.

Please provide examples and evidence of how your Partnership Board has invested in, and supported, leadership so that members of the Board and associated task groups who are people with learning disabilities or family carers have become real partners in the planning and decision-making processes alongside professionals.

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1 Categories marked * are mutually exclusive – please do not double count here
4. **What is the overall budget for services for adults with learning disabilities across health and social care?**

- **Is it a pooled budget?**
- **Is there a Section 75 agreement in place?**
- **How is it spent? Please give actual figures and percentages against:**

  - residential care
  - nursing care
  - supported living
  - hospital care, including where known:
    - acute hospital
    - specialist inpatient services
    - NHS campuses
  - day services
  - Community Learning Disability Team
  - advocacy arrangements and support
  - other (please specify)

Has there been an efficiency savings programme in learning disability services in 2009–10?

Is there a planned efficiency programme for 2010–11?
5. The health of people with learning disabilities

- Have you completed the regional health self-assessment and performance framework? – YES/IN PROGRESS/NO.

- If in progress or no, indicate when you expect this assessment to be completed or started.

- If you have answered yes, please complete the following summary table based on the most recent results of that assessment.

<table>
<thead>
<tr>
<th>RAG rating</th>
<th>Red</th>
<th>Amber</th>
<th>Green</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS campus closure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addressing health inequalities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making sure people are safe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing to achieve other <em>Valuing People Now</em> health commitments</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Overall headline health needs of people known to services – from regional health self-assessment and performance framework if completed.

If the above assessment has not been completed, please provide the following information:

- Percentage of GP practices in your area that have signed up to provide annual health checks as a Directed Enhanced Service (DES).

- Percentage of adults with learning disabilities known to local authorities who were offered health checks in the year up to 31 March 2010.

- Percentage of adults with learning disabilities known to local authorities who received a health check in the year up to 31 March 2010.

- Are people with learning disabilities involved in learning disability awareness training to primary healthcare staff as specified in the DES?

- How are family carers being involved as partners in improving healthcare for people with learning disabilities?

- Percentage of people known to services who have health action plans that have been reviewed in the year up to 31 March 2010.
- What are the arrangements for strategic healthcare facilitation in your area?
- How many General Hospital (Acute) Trusts are there in your locality?
- How many General Hospital (Acute) Trust Learning Disability Liaison/Facilitator (or similar) posts are employed in your area?
- Are the needs of people with learning disabilities and the health inequalities faced by them highlighted within each Trust's Disability Equality Strategies/policies (PCTs and provider Trusts)?
- Has your Partnership Board taken the opportunity to comment on the performance of local Trusts as part of the Care Quality Commission’s (CQC’s) annual health check?
- What progress have you made on the Green Light Toolkit for access to mental health services? What was your rating in the last CQC indicator set?
- Is a local multi-disciplinary service in place to meet the needs of people whose behaviour challenges services, or is one being commissioned?
- Are there prisons or young offenders institutions or other secure settings in your area?
  - If so, have you met with the Prison Partnership Board?
- Progress in carrying out the review recommended by the Ombudsmen’s report (Six Lives: the provision of public services for people with learning disabilities) and report to Boards due by May 2010.

6. Where people live

Please use the data from your Adult Social Care Combined Activity Return (ASC-CAR) for NI 145 (see Appendix E for blank table), to give the numbers and percentages of individuals known to services (aged 18 and above) who are defined as being in settled accommodation against the NI 145 categories (you can copy and paste from your ASC-CAR form).

Please use the NI 145 data to give a similar breakdown for people defined as not being in settled accommodation.

For those in residential care please give additional data to show numbers:
- in local authority area
- out of area

Give the number of people supported to live independently (NI 136):
7. Provider market

Does your provider market reflect the needs of your current and future population? In what ways does it need to change?

What proportion of your market is:
- in house
- voluntary
- private sector

Do you plan to change these proportions?

8. Employment

Please use the data from your Adult Social Care Combined Activity Return (ASC-CAR) for NI 146 (see Appendix E for blank table) to show the numbers and percentages of working age learning disabled people known to local authorities who are in paid employment (including being self-employed) at the time of their latest assessment or review, against the NI 146 categories (you can copy and paste from your ASC-CAR form):

In addition:

Please also state the number of people in paid employment who work for:
- the NHS
- a local authority

How many people known to services are not working?

How many people known to services who currently work less than 16 hours a week are known to want to work 16 hours a week or above in the future?

Do you have an up-to-date local employment strategy for people with learning disabilities in line with Valuing Employment Now: real jobs for people with learning disabilities?
9. Advocacy and leadership

Has your Partnership Board developed a clear plan for working with and supporting all communities of people with learning disabilities and advocacy groups in the ways outlined in the Valuing People Now Delivery Plan?

Can your Partnership Board show how it has invested in, and supported, self-advocacy and peer advocacy leadership so all people with learning disabilities are represented on the Board and have become real partners in local planning and decision-making processes through this representation and via strong links to work programmes? This should include leadership and representation from all ethnic communities and the inclusion of people with more complex needs.

What is the combined local authority and NHS spend on advocacy?

10. Family carers

Has your Partnership Board developed a clear plan for working with and supporting all family carers of people with learning disabilities in the ways outlined in the Valuing People Now Delivery Plan?

Can your Partnership Board show how it has invested in, and supported, family leadership so all family carers are represented on the Board and have become real partners in local planning and decision-making processes through this representation and via strong links to work programmes?

How is the Partnership Board engaging with the mainstream carers’ work arising from the National Carers Strategy2 work at a local level, and what outcomes have there been for family carers of people with a learning disability, including people with learning disabilities who are carers in their own right?

How many carers’ assessments were provided in the last year?

How many carers with learning disabilities are known to the local authority?

How many family carers have benefited from regular short breaks?

What is the proportion of carers of people with learning disabilities receiving a needs assessment or specific carers’ service, or information and advice (NI 135)?

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### 11. Parents with learning disabilities

How many parents with learning disabilities are currently receiving services in your area?

Is there a joint planning process with children and family services to support parents with a learning disability?

Are materials to support all parents produced in accessible formats?

### 12. Transition

How many [young people with learning disabilities aged 13–17](#) are there within your area?

How many of those young people are placed out of area?

How many of those young people have had person centred reviews and have a person centred transition plan?

Are these reviews/plans focused on paid employment as an outcome?

What total percentage of young people with person centred reviews have you achieved by 31 March 2010?

### 13. Personalisation

Does the Partnership Board have a current strategy to embed person centred planning and a check on the quality of person centred plans? How does this inform commissioning?

Are person centred plans being re-focused on getting a paid job as a goal?

How are you making sure that groups who might be left out (e.g. people from black and minority ethnic groups, older family carers, people with complex needs) are fully included and that person centred approaches reflect culture, age and specific communication needs?

How are people with learning disabilities involved in co-production in transforming adult social care?

How many person centred plans include employment and accommodation?

What is the number (and percentage) of people in receipt of direct payments and personal budgets (NI 130)?
14. **Workforce development**

Does the Partnership Board have an up-to-date workforce plan?

Can you give details of the workforce which supports people with learning disabilities in your area (from the Skills for Care National Minimum Data Set for Social Care (NMDS-SC), the Integrated Local Area Workforce Strategy (InLAWS), the Social Services Staffing Collection (SSDS001) and other sources)?

Briefly describe what progress you are making on:

- learning disability awareness training for the workers in mainstream services
- involving people with learning disabilities and family carers in all workforce issues
- promoting human rights and *Valuing People Now* principles in all learning
- preparing the workforce for personalisation
- developing the workforce locally to support all people with learning disabilities, including people whose behaviour challenges services, people with complex needs, people from black and minority ethnic communities etc

What are the key workforce challenges in your local authority?

15. **Hate crime**

- Number of hate crimes/incidents reported against people with learning disabilities:
- What progress have you made in strengthening the link between the Board and your local Crime and Disorder Reduction Partnership?

16. Quality assurance and monitoring

How are you including people with learning disabilities and family carers in assessing the quality of care and support in social and health care?

Does the Partnership Board receive reports from the Adult Safeguarding Board?

Is the Partnership Board informed of poor performance by local providers (e.g. from Care Quality Commission reports)?

Have you done an equality impact assessment, in relation to people with learning disabilities and their families, covering:

- gender
- disability
- race
- age
- sexual orientation
- religion or belief

If so how has this informed service development and commissioning?

How have people with learning disabilities and family carers been involved in this annual report?

Has this resulted in improved outcomes?

17. Commissioning

Do you have a joint commissioning strategy?

What improvements have been made in commissioning services for people with learning disabilities?

How have these resulted in improved outcomes for people with learning disabilities?
### 18. Future plans and targets

Have you agreed a local delivery plan for at least the next year?

Does it include numerical targets where relevant around the following headings?
If so, please set out against the headings below:
- Health
- Where people live
- Employment
- Advocacy and leadership
- Family carers
- Transition
- Personalisation
- Workforce
- Including everyone

### 19. Key success or best practice

Have you any particular achievements or good practice you would like to highlight that others can learn from?

We are particularly keen to hear about successes in employment.

We confirm that the data and information given in this report are accurate (as far as is known) and that this report has been agreed by Board members.

__________________________  Chair of Partnership Board

__________________________  Co-Chair of Partnership Board

__________________________  On behalf of members with learning disabilities

__________________________  On behalf of family carers

Date:
Appendix D

Sources of data for annual report

- National Indicator Set
- Adult Social Care Combined Activity Return (ASC-CAR)
- PSS EX1 and RAP returns
- Skills for Care National Minimum Data Set for Social Care (NMDS-SC)
- Integrated Local Area Workforce Strategy (InLAWS)
- Social Services Staffing Collection (SSDS001)
- Joint Strategic Needs Assessment
## Appendix E

### NI 145 and NI 146 data tables (from 2008–09 return)

**ASC-CAR for NI 145**

<table>
<thead>
<tr>
<th>Return Ref: L2</th>
<th>Return Title: Number of working age learning disabled clients known to Councils with Adult Social Services Responsibilities (CASSRs) who are in settled accommodation at the time of their latest assessment or review, by accommodation status and gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period 01/10/08–31/03/09</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Settled accommodation status</th>
<th>Adults with Learning Disabilities Aged 18–64 years</th>
<th>Male</th>
<th>Female</th>
<th>Overall total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-settled accommodation</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1. Rough sleeper/Squatting</td>
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<tr>
<td>2. Night shelter/emergency hostel/direct access hostel (temporary accommodation accepting self-referrals)</td>
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<tr>
<td>3. Refuge</td>
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<tr>
<td>4. Placed in temporary accommodation by Local Authority (including Homelessness resettlement) – e.g. Bed and Breakfast</td>
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<tr>
<td>5. Staying with family/friends as a short-term guest</td>
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<tr>
<td>6. Acute/long-stay healthcare residential facility or hospital (e.g. NHS or Independent general hospitals/clinics, long-stay hospitals, specialist rehabilitation/recovery hospitals)</td>
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<tr>
<td>7. Registered Care Home</td>
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<tr>
<td>8. Registered Nursing Home</td>
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<tr>
<td>9. Prison/Young Offenders Institution/Detention Centre</td>
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<tr>
<td>10. Other temporary accommodation</td>
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<tr>
<td>11. Total rows 1–10</td>
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<tr>
<td><strong>Settled accommodation</strong></td>
<td></td>
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<tr>
<td>12. Owner Occupier/Shared ownership scheme (where tenant purchases percentage of home value from landlord)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Tenant – Local Authority/Arms Length Management Organisation/Registered Social Landlord/Housing Association</td>
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</tr>
<tr>
<td>14. Tenant – Private Landlord</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>15. Settled mainstream housing with family/friends (including flat-sharing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Supported accommodation/Supported lodgings/Supported group home (accommodation supported by staff or resident caretaker)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Adult Placement Scheme</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>18. Approved premises for offenders released from prison or under probation supervision (e.g. Probation Hostel)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Sheltered Housing/Extra care sheltered housing/Other sheltered housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Mobile accommodation for Gypsy/Roma and Traveller community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Total rows 12–20</td>
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</tr>
<tr>
<td>22. Total number of adults aged 18–64 known to the council for time period 01/04/2008–31/03/2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ASC-CAR for NI 146 (for 2008–09)

Return Ref: L1
Period
01/10/08–31/03/09

Return Title:
Number of working age learning disabled clients known to CASSRs who are in paid employment at the time of their latest assessment or review, by employment status, service type and gender.

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Adults with Learning Disabilities Aged 18–64 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Residential care services</td>
</tr>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>1. Working as a paid employee or self-employed (30 or more hours per week)</td>
<td></td>
</tr>
<tr>
<td>2. Working as a paid employee or self-employed (16 to less than 30 hours per week)</td>
<td></td>
</tr>
<tr>
<td>3. Working as a paid employee or self-employed (4 to less than 16 hours per week)</td>
<td></td>
</tr>
<tr>
<td>4. Working as a paid employee or self-employed (more than 0 to less than 4 hours per week)</td>
<td></td>
</tr>
<tr>
<td>5. Working regularly as a paid employee or self-employed but less than weekly</td>
<td></td>
</tr>
<tr>
<td>6. Total rows 1–5</td>
<td></td>
</tr>
<tr>
<td>7. Working as a paid employee or self-employed and in unpaid voluntary work¹</td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>8. In unpaid voluntary work only</td>
<td></td>
</tr>
<tr>
<td>9. Total number of adults of working age (18–64) known to the council for time period 01/04/2008–31/03/2009</td>
<td></td>
</tr>
</tbody>
</table>

¹ This row has been included to determine how many learning disabled clients are in both paid work and in unpaid voluntary work. Note that clients counted in this row should also be counted in rows 1–5 above, according to the number of hours they work per week.
Appendix F

Partnerships and links with other boards and programmes

Other programmes and boards that you may want to link with to ensure that people with learning disabilities have access to the range of universal services that will enable them to play a full part in their communities include:

- Personalisation Team/programme;
- Children and Young People Boards;
- Mental Health Local Implementation Teams;
- Crime and Disorder Reduction Partnerships;
- Adult Safeguarding Boards;
- Prison Partnership Boards;
- Older People Boards/programmes;
- Carers Boards/groups;
- Local Strategic Partnerships;
- Local Employment Partnerships;
- local and regional strategies on skills and worklessness; and
- Regional Learning Disability Programme Boards.

Partnership Boards can also make nominations to other boards or programmes, or present reports to them.
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