

Leeds Learning Disability Partnership Board

Notes of the meeting held at St Matthias Church 13th March 2008



Board Members - Present at the meeting

Ray Wilk, Independent Chair
Michael Cass, Co Chair

Board Members - (Service User Representatives)

Gina Gage, Learning Disability Reference Group
Susan Hanley, People First
Christine Barker, Learning Disability Reference Group
Andrew Walsh, Roots

Board Members - (Voluntary Sector Forum Representatives)

David Hansen, Home Farm Trust
Lisa Keenan, Voluntary Sector Forum

Person Centred Planning Co-ordinator

Cathy Wintersgill, Connect in the North

Board Members - (Statutory)

Paul Broughton, Adult Social Care
Carol Cochrane, Leeds Primary Care Trust
Gordon Kerr, Connexions
Peter Vickers, Vine/Learning and Leisure Department
Khalid I Arian, Joint Commissioning Service
Sheila Dunham, Leeds Partnerships NHS Foundation Trust.
Jane Flaherty – Department of Work and Pensions

Board Members – (Carers Reference Group)

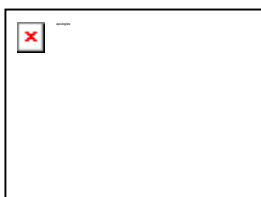
Harold Wilson, Carer
Rebecca Rooke, Age Concern

In attendance

Sue Lindsey, Leeds Advocacy
Fiona Evans, Leeds Advocacy
Louise Mills, Joint Commissioning Service

People who could not come to the meeting -

Kashif Ahmed, Diversity Director
Bill Walton, People in Action
Claire Reed, Learning Disability Reference Group
Scott Cunningham, Voluntary Sector Forum
Fran Jeffries, Mencap Pathways
Janet Wright, Joint Commissioning Service



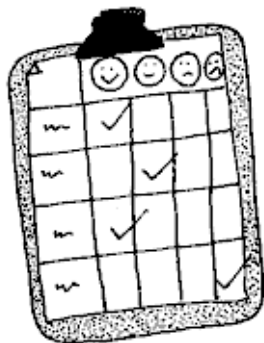


Welcome and introductions

Ray Wilk welcomed everyone to the special meeting.

Health Learning Disability Performance Assessment Framework - Norman Campbell

Norman told the Board he is employed by Leeds Primary Care Trust as the Improvement Manager and has worked in Learning Disability services for many years.

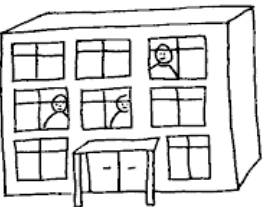


He has been asked to consult with the Partnership Board on a paper, which asks lots of questions and looks at how well health services in Leeds are doing, and what we need to do better.

The framework (paper) has four standards:

1. Closure of campuses

Whilst Leeds does not have any campuses, Parkside Lodge and Woodland Square are similar to campuses and need to be improved.



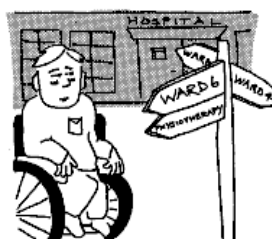
2. Addressing health inequalities faced by people with learning disabilities

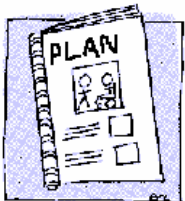
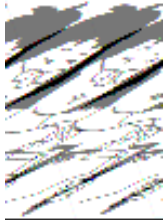
This means better access to health care services including going to the GP, dentist, chemist, attending health screening.



3. Safe and effective care

When people with learning disabilities are in services that the NHS pay for or provide, they must be safe and be looked after properly. The organisations must abide by the procedures in documents like the Mental Capacity Act, Disability Equality Duty.





4. Support the delivery of the Valuing People Now

It will not duplicate the work but look at things from a different angle.

The document also has 25 objectives (aims or goals) such as

- Better information to help people with learning disabilities who access health services and also for those who work in them
- HAPS – need to improve access to Health Facilitators and Health Action Plans
- Make sure people have better access to health checks and screening
- Learn from complaints and incidents
- Learn from reports such as Mansell II and Cornwall
- Provide better local services
- Improve specialist services
- Empowerment – make sure people are heard and look at how we include people when making decisions

The next steps are to gather all the information and put together an action plan.

This will show what needs to be done to improve health services. It will give a timescale of when the actions should be completed and who will make it happen.

This has to be completed by 16th April and the Partnership Board will need to approve it. It



will then go to the Strategic Health Authority who will look at it alongside other plans and report on its findings.

Carol Cochrane pointed out that this paper came from the Health Care Commission. In addition to this, Valuing People Now and the Mansell II report also need action plans so there is a lot of work to be done.

The Board split into groups to look at the paper and discuss the following issues;

1. How can G.P`s & Primary Care help people to have better health care?
2. What do acute hospitals need to do to help people when they are ill or need tests?
3. How can specialist services provide a better service (e.g. community teams/mental health services)
 - Do they meet everyone`s needs?
 - Does anyone (e.g. complex health or challenging needs) miss out?

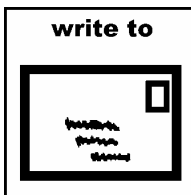
The Partnership Board thanked Norman for consulting with them. Norman agreed to write up the Board`s response and bring the information back. (Feedback attached).

Aspirations Paper

Pete Vickers and Gordon Kerr came to talk about the Aspirations Paper and gave the background to why it was written.



In 2007 the Learning and Skills Council launched a consultation document, called Excellence and Inclusion, which talks about big changes for further education in Leeds, such as the proposed merging the 5 existing



colleges to create 1 big college.

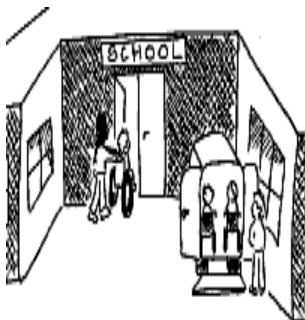
This document was brought to the Partnership Board in 2007 and Ray Wilk wrote a letter, on behalf of the Board Members asking for various issues to be considered before decisions were made.

A group of teachers were worried about some of the changes proposed by the Learning Skills Council such as.



- The 5-day-per-week college courses for people with learning disabilities would be reduced to 3-day-per-week, leaving them with nothing to do for 2 days. In this case, people should be offered 5 day packages which could include work placements, for example.

- Some people with learning disabilities and complex needs had very limited learning opportunities or no opportunities for learning at all. Some of these people are sent away from Leeds.



Many people, including Pete and Gordon have therefore been working on the Aspirations Paper, which sets out the issues faced by people with learning disabilities in Leeds.

It was agreed the Partnership Board needs to be more actively involved during the planning process for the new education opportunities.

Ray Wilk confirmed he had received a letter in response to the one he sent, inviting him and the Partnership Board to become more involved in the future planning process. The

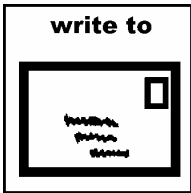


board now needs to agree a way of making sure members have the opportunity to engage with the new education services and make sure people with learning disabilities, especially those with high support needs, are not left out.

Partnership Board

Pete Vickers agreed to write a letter to confirm the Boards wish to be involved. The Board thanked Pete and Gordon for their presentation.

Pete Vickers



Partnership Board Chair

Ray Wilk told members that after more than 3 years on the Partnership Board, he had decided to resign from his role as Partnership Board Chair and leave at the end of June. He said he had thoroughly enjoyed working with the Partnership Board but felt that as the scale of the work proposed for the future was so big, it would need someone to be in place for at least the next 3-5 years and this is something he could not promise to do.

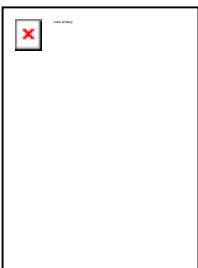


Close of meeting

Board members were thanked for attending this special meeting and reminded that the next meeting would take place;

Tuesday 8th April at St Matthias Church Centre.

This would also be the first public meeting of the year.



Feedback from Group Work on Yorkshire and Humberside SHA Performance and Self Assessment Framework.

Including Everyone

The needs of BME communities should be a high priority

Develop a common database

Every area should have a hate crime reporting centre, which includes learning disability

Partnership with families

Work closely with all families to make sure support is relevant

Less emphasis on short-term breaks

The staff that support (workforce)

Staff are pay better as professionals

Skills for health to be included

Major invest in PCP approaches training

Secures best exp. In all services

Advocacy and Rights

Different types of advocacy required

Advocacy services are better – its not just about the money

There are other ways of funding advocacy

Partnership Board needs to know what is happening with advocacy

Should money sit with government or go local (advocacy development programme)

Its hard getting everyone to make information in an accessible way is hard and sometimes easy read versions miss things out.

People as local citizens

Use the guidance and see what is happening in Leeds around Hate Crime

Training should be for everyone – including Police and Nurses

The way people think is a big barrier for transport

Transition to adulthood

Money should go with the person

Cut off point at 18 years

Timing

Better handing over of CA framework
Under resourced

Better Commissioning (Planning and Buying Services)

Race equality needs to be embedded with commissioning /contracts eg
Race Equality/Service Level agreements. Needs to be developed and
performance managed