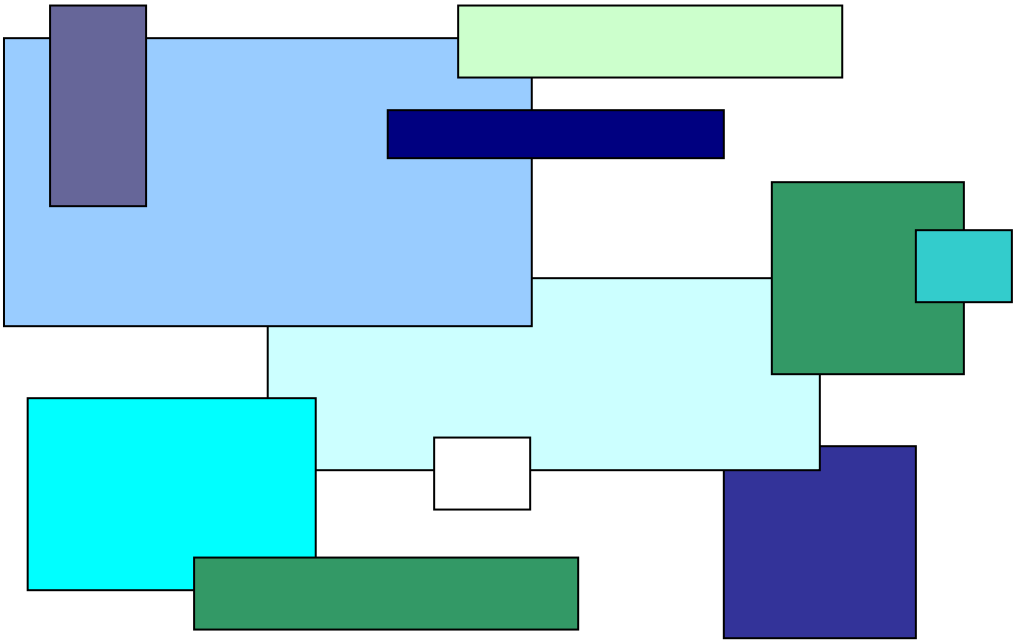

The Role & Effectiveness of Learning Disability Partnership Boards

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mencap
The voice of learning disability

Learning Disability
Task Force

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Foreword

Partnership Boards are an important part of making *Valuing People* happen. *Valuing People Now* has confirmed that they will continue and that the Government wants to see them as stronger and more effective bodies.

This research, commissioned by the Learning Disability Task Force in partnership with Mencap, provides some helpful information about how Boards need to develop. In particular, the following important conclusions can be drawn from the report:

- Whilst it is important that Partnership Boards work in ways that are accessible to people with learning disabilities and their families, the really important thing is that Boards are making a difference to people's lives. Some Boards have put so much effort into being inclusive, that they have forgotten that their main purpose is to take actions that help change to happen. There is a real need for Partnership Boards to focus more on action and outcomes. Everyone shares the responsibility to make this happen – from elected Councillors through to self-advocates themselves.
- Representatives on Partnership Boards from people with learning disabilities, families and the voluntary sector have to be representative of other people. Councils therefore have to invest time and resources in ensuring people are selected openly and then helped to communicate with the people they represent. Otherwise, Boards are only getting the views of individuals – not wider groups of people
- Partnership Boards need to become more outwards looking. Starting from the basics of meeting in public and publishing minutes, they should make sure everyone knows about their role and their work. Boards should set clear objectives, report on how services are changing and present their findings to bodies like local Authority Overview and Scrutiny Committees and the Local Strategic Partnership.
- In return, statutory bodies like the local authorities, PCT, Job Centre and Learning and Skills Council must recognise the Partnership Board as the place they go to develop their plans and obtain informed opinions about actions they must take that impact upon the lives of people with learning disabilities. Important decisions about funding and service change should not be taken without first consulting the Partnership Board and the Boards views must be listened to.

This is a helpful report and along with the recommendations in Valuing People Now and good practice guidance produced by the Valuing People Support Team, should be used by all Partnership Boards to review and change how they work during the coming year.

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Introduction & background

Learning Disability Partnership Boards were established in every local authority with a social services function in 2001, following the publication of the *Valuing People* white paper (Department of Health, 2001). When they were created the stated intention was that they would play an important role in promoting effective partnership working in the interests of people with learning disabilities. It was recognised that putting the *Valuing People* vision into practice would be dependent upon individual and organisational stakeholders working together towards a set of shared goals. Specifically, Partnership Boards were to "operate within the overall framework provided by Local Strategic Partnerships" (Department of Health, 2001, p.107) in order to "take responsibility for local delivery of the White Paper, led by the council and with the active participation of all key stakeholders" (Department of Health, 2001, p.130). However, it was made clear from the outset that Partnership Boards were not to have statutory powers.

The white paper did not provide an exact blueprint by which Partnership Boards should operate, but stated that people with learning disabilities and carers should be enabled to "make a real contribution" (Department of Health, 2001, p.108) and that membership of Partnership Boards had to include at least two people with learning disabilities and at least two family carers, as well as a range of other relevant organisational stakeholders – *Valuing People* lists "senior representatives from social services, health bodies (health authorities, PCTs), education, housing, community development, leisure, independent providers, and the employment service" (Department of Health, 2001, p.108). There was, in addition, a requirement that membership of Partnership Boards should reflect "the cultural diversity of the local community" (Department of Health, 2001, p. 108).

More detailed guidance regarding the role of Partnership Boards was circulated to all local authorities, health authorities and PCTs (Primary Care Trusts) six months after the publication of *Valuing People* (HSC2001/016: LAC(2001)23). This guidance reiterated key points outlined in the white paper and made clear the expectation that Partnership Boards would play a role in producing a range of local strategic plans relating to the needs of people with learning disabilities. These included: the updated Joint Investment Plan; the framework for introducing person centred planning; an inter-agency quality assurance framework; a workforce and training plan; a review of the role and function of community learning disability teams; a local housing strategy for people with learning disabilities; a local employment strategy for people with learning disabilities; a framework for Health Action Plans and identification of health facilitators; and arrangements so that people living in long-stay hospitals would move to more appropriate accommodation. With the exception of hospital closure, where the original deadline was set as August 2004, each of these reviews and strategic plans had to be in place between January 2002 and summer 2003 – i.e. within two years of Partnership Boards themselves being established. In order to support this work, the Valuing People Support Team published a range of toolkits and practice guidelines. General guidance on partnership working in learning disability services also reiterated that "the Government expects Partnership Boards to be the place where local decisions are made" (Department of Health, 2002, p.16).

Partnership Boards were to achieve their strategic planning role within an overall framework provided by Local Strategic Partnerships (LSPs). These are local oversight bodies which seek to bring together stakeholders including community members (in this case people with learning disabilities and their carers) and organisations from across the public, private and voluntary sectors. Some degree of financial support was also made available to support the work of Partnership Boards, through the establishment of the Learning Disability Development Fund (LDDF), which from 2001 has provided £50 million per annum, split between revenue funding (£30 million) and capital funding (£20 million). A set of priorities for the use of revenue funding was set out. Crucially, however, LDDF monies were "made available subject to the condition that resources are deployed as part of pooled funds under the Health Act flexibilities" (Department of Health, 2001, p.113); Primary Care Trusts (PCTs) therefore were given a key role in determining LDDF expenditure.

More recently, *Valuing People Now* (Department of Health, 2007) declared that:

> Partnership boards are to continue, with consideration being given to increasing the requirements on statutory bodies to consult with them and an increased programme of support to strengthen their impact (p.88)

This document also announced a change in the management of LDDF monies, a move influenced by findings from a survey undertaken by the Valuing People Support Team (Cattermole, 2005) which indicated that 11% of PCTs were failing to pass on the full amount they received from LDDF revenue funding. From 2008 onwards LDDF monies are to be distributed via local authorities rather than PCTs.

Previous research

A number of studies relating to Learning Disability Partnership Boards have already been published. The first of these was a telephone survey by the Local Government Association (Whitworth, 2002) undertaken as Partnership Boards were first being launched. It identified problems in establishing Partnership Boards within the required timeframe; tensions between the need to fully involve people with learning disabilities and the need to make rapid decisions about complex issues; and varying patterns of linkage with local agencies and Local Strategic Partnerships. In the following year, Mencap published a report on what it termed the 'limited public profile' of Partnership Boards (Mencap, 2003) which drew attention to the fact that only 27% of Boards met in public; only 15% published general information about Board activities on their local authority website; and only 6% published the minutes of their meetings on the website. The report praised the work of Partnership Boards in ensuring that meetings were accessible to people with learning disabilities, but raised concerns about the limited extent to which both people with learning disabilities and family carers were supported to become effective "representatives of a wider community" (ibid, p. 3) and suggested that this lack of wider engagement was a factor which militated against effective implementation of the *Valuing People* agenda.

Two further surveys were published in 2004. The first, undertaken by Mencap's Profound and Multiple Learning Disability (PMLD) Network (Mencap, 2004) focussed on whether Partnership Boards were implementing the recommendations of an earlier report (Mencap, 2000) which had highlighted the particular needs of people with PMLD. It found that many Boards had yet to adequately address the needs of this group. The second was requested by the then Minister of State, Stephen Ladyman, to review the support available to people with learning disabilities from ethnic minority communities (Hatton, 2004). Only around three-quarters of Partnership Boards were able to provide detailed information on the ethnicity of people with learning disabilities using local services and only a minority (10% in 2003-4, rising to 22% in 2004-5) reported using LDDF money to support race equality initiatives. In the same year, the findings from a qualitative study noted that self-advocates involved in Partnership Boards were typically "relatively young, white men with good verbal skills" (Fyson, McBride & Myers, 2004) and that the involvement of carers was haphazard, with carer representatives sometimes becoming members of Partnership Boards by invitation of service managers rather than being nominated by other carers (Fyson & Ward, 2004).

More recently, a number of separate studies, including some led by service user or self advocacy organisations, have provided detailed insights into the processes which are evident during Partnership Board meetings. The findings highlight significant variation between Boards, in terms of membership, frequency and duration of meetings, and the extent to which the voices of people with learning disabilities and family carers play an influential role (Speaking Up, 2007; Scott, 2003; Change, undated); as well as exploring the extent to which Boards are used for planning and decision-making, as opposed to discussion and information sharing, purposes. Service users groups have, in particular, highlighted the need for Boards to work harder at making meetings more accessible and the need to ensure that Boards reach out to all people with learning disabilities in their community. The North West Training and Development Team Regional Taskforce (2007) has also recently undertaken local action research, which has resulted in the development of practical guidance for Partnership Boards that covers issues relating to inclusion, process and planning.

To summarise, the majority of research undertaken to date on Learning Disability Partnership Boards has focussed on the practical processes involved in Board meetings. Some research has also touched upon what might be termed the 'democratic deficit' – i.e. the extent to which Partnership Boards are actively engaged with the wider community of people with learning disabilities and family carers. Less is known about the dynamics of decision making within meetings and whether Partnership Boards are functioning as effective strategic bodies.

Context for this study

This research was commissioned by Mencap on behalf of the Learning Disability Task Force. It was felt necessary to explore the role and effectiveness of Learning Disability Partnership Boards because questions had been raised about their capacity for strategic decision making and influencing local change, with anecdotal reports suggesting a high degree of variation between Partnership Boards in terms of both their practical processes and their outcomes. *Valuing People Now* summarised the situation as follows:

> Learning Disability Partnership Boards are the local multi-stakeholder vehicle for delivering Valuing People. At their best, boards have been a positive force for change and have shown how people with learning disabilities and families can be effectively involved in important decision making. However, some partnership boards have been ineffectual. (Department of Health, 2007, p.89)

This study was therefore designed to shed light on a range of important issues including:

- The size and constitution of Partnership Boards (looking at representation of certain groups such as people with learning disabilities, ethnic minorities, family carers, etc)
- Levels of engagement from statutory stakeholders, in particular PCTs (Primary Care Trusts) and those within the education and employment sectors
- How Partnership Boards make decisions and set their priorities and work plans
- How Partnership Boards influence action and change in local services
- How Partnership Boards monitor their own progress and review their plans

The research process

The study consisted of three phases: a scoping exercise to engage with key informants (people with learning disabilities and regional Valuing People Support Team advisors) in order to identify issues of importance to them; a postal survey of all Partnership Boards (n = 146; response rate = 51%); and interviews with Partnership Board members in six local authorities.

The survey gathered both quantitative and qualitative data. All numerical findings have been rounded up or down to the nearest whole number. Figures presented in this report are based on the responses of those Partnership Boards who returned a questionnaire. Where percentages do not add up to one hundred this is because respondents may have chosen not to answer a particular question.

Partnership Boards were selected for the interview phase of the research on the basis of both demographic factors and questionnaire responses. An active choice was made to include some areas with a significant black and minority ethnic population, and Partnership Boards which demonstrated a broad range of influences and strengths, with particular reference to local strategic planning.

Findings

The findings will be presented in terms of three key issues:

1. **Practicalities**: this section will cover the size and constitution of Partnership Boards and other issues relating to the way in which Partnership Board meetings are run

2. **Partnership:** this section will present evidence regarding the extent to which Partnership Boards can be seen as successful in enabling or creating effective partnership working, both during meetings and more widely in terms of engagement with generic public services

3. **Outcomes**: this section will assess the degree to which Partnership Boards can be shown to be influencing the delivery of specialist and non-specialist services, with a particular focus on outcome measures

Part 1: The practicalities of Partnership Board meetings

Partnership Boards have now been in operation for six years. Despite this, however, consultation with self advocacy groups revealed that many still have significant concerns about the processes involved in Board meetings. They wanted to know:

> *How many people take part and who are they?*
>
> *Who chairs the meetings?*
>
> *Do you have a co-chair with a learning disability?*
>
> *How have meetings been made accessible?*
>
> *Do you produce agendas and minutes of the meetings in easy read format?*
>
> *Do people with a learning disability think they have a voice on this Partnership Board?*
>
> *What support do people with learning difficulties get to understand what is being said at the meetings and how well are they being supported to speak up for themselves?*

Questions of this nature suggest that some self advocacy groups may still be focussing largely on practical issues about how meetings are run. However, not all responses were limited to matters of presence, voice and accessibility. There was also clear evidence of a growing unease about the perceived 'democratic deficit' in Board membership. Specifically, self advocacy groups raised concerns regarding the extent to which Partnership Boards were accurately reflecting the needs and wishes of heterogeneous communities of people with learning disabilities, including people from black and minority ethnic communities; people with complex needs; older and younger people; and people who do not use specialist services. They wanted to know:

> *How does the Partnership Board involve people with a learning disability with different needs? For example, young people and older people, people from ethnic minority communities and people who don't use services?*
>
> *Have they got someone on the Board to represent people with high support and complex needs?*
>
> *Who decides what is talked about and what work needs to be done?*
>
> *How well do you reach people living independently in the community? How are they kept up to date with what is talked about at the Partnership Boards?*
>
> *How much do people with a learning disability, their parents and carers know about Partnership Boards?*
>
> *Do you think people understand what Partnership Boards do?*

This last question is particularly salient, not least because the understanding of Partnership Boards displayed by self advocates in response to our consultation demonstrated a limited engagement with the outcomes of Partnership Board work. In fact, only two questions were suggested which related directly to such outcomes:

> *How do Learning Disability Partnership Boards influence change?*
>
> *What have you been able to change beyond the usual Partnership Board remit?*

The survey results, together with interview responses, provide an insight into many aspects of Partnership Board processes which were raised by self advocates. However, we would also point readers towards the excellent research undertaken by Speaking Up (2007) which explores in greater detail the dynamics of how service users and carers can succeed in getting their voices heard at Board meetings.

Number of people attending Partnership Boards

The number of people who attended Partnership Board meetings was typically between 11-20 and 21-30 (44% and 42% of respondents, respectively). However, a significant minority (14%) of Boards said that 31 or more people usually attended each meeting. This finding is in line with the findings of other studies. No positive correlations could be found between overall size of meetings and the attendance or non-attendance of any specific group, or between the overall size of meetings and the number of people with learning disabilities who attended.

Frequency of Partnership Board meetings

There was some variation in the frequency with which Partnership Board meetings took place. Most Boards met bi-monthly (36%) or quarterly (26%). A minority of Boards (10%) reported holding monthly meetings, while 16% reported meeting every six weeks. Twelve per cent (12%) of Boards met on an ‘as required’ basis. It was common, particularly in larger two-tier (county/district) authorities, for the main Partnership Board to be augmented by meetings held at locality level.

Part 2: Partnership working

In order to meet their *Valuing People* remit, Learning Disability Partnership Boards need to both demonstrate partnership in action, through the full engagement of all key stakeholders at meetings, and ensure partnership approaches more broadly within and between specialist and generic services in the statutory and non-statutory sectors. This section will therefore explore not only attendance at meetings, but also Board members' experience at meetings and beyond.

Attendance at Partnership Boards by people with learning disabilities

All but one Partnership Board surveyed included people with learning disabilities amongst their membership. The reason why this Board failed to include people with learning disabilities was not evident from the survey response. Most Partnership Boards more than met the requirement to include at least two people with learning disabilities amongst the Board membership; ten per cent of Boards had 1-2 members with learning disabilities; 36% had 3-4 members with learning disabilities; 29% had 5-6 members with learning disabilities, and a further 22% of Boards had 7 or more members with learning disabilities. A breakdown of demographics (age, gender and ethnicity) of people with learning disabilities who attended Board meetings is provided in Table 1.

Table 1: People with learning disabilities who attend Partnership Boards

	Never attend meetings %	Occasionally attend meetings %	Regularly attend meetings %
Men	0	3	97
Women	4	7	89
Aged under 30	10	26	61
Aged over 60	30	24	41
From ethnic minority communities	40	27	30
With additional physical and/or sensory impairment	7	33	58

As Table 1 shows, men with learning disabilities were slightly better represented on Partnership Boards than women with learning disabilities, and younger people were better represented than older people. 40% of

Partnership Boards never included anyone with a learning disability who was from an ethnic minority community and in only 30% of cases did someone with a learning disability from an ethnic minority community regularly attend meetings. A majority of people with learning disabilities who attend partnership Boards had additional physical and/or sensory impairments, a fact which highlights the need for careful consideration of venue in terms of both wheelchair access and acoustics.

The extent to which people with learning disabilities who attended meetings were enabled to actively participate inevitably varied. Interviews revealed a range of helpful practical measures, including pre-Board meetings; use of 'traffic light' cards to slow down discussions or request the use of simpler language; and the use of both video and in-person presentations by self advocates on important topics, and some organisations had good systems in place to support learning disabled people in expressing their views effectively.

> *I didn't know how at first, but when I did my training it helped me to speak up.*
>
> Learning disabled Board member

Despite evidence of strong support for the type of measures described above, many interviewees still expressed concern about whether the views of people with learning disabilities were being represented effectively. This concern arose in part from questions about how learning disabled Board members were selected and in part from questions about the capacities of some Board members to undertake the complex task of representing others.

> *I don't think that enough people give their views.*
>
> Learning disabled Board member

> *To be honest, I was thrown in the deep end, and the person was already in situ when I started, but he was the most able out of the group anyway.*
>
> Learning disability project worker

> *We take issues (raised at Board meetings) to the advocacy groups and they tell everybody else.*
>
> Learning disabled Board member

Questions over the democratic deficit typically arose in Boards where only limited support was available to members with learning disabilities. This meant that Board members with learning disabilities were not able to actively consult with other people with learning disabilities and hence were – quite literally – unable to represent their views. This difficulty was on occasions compounded by the fact that learning disabled members of

Partnership Boards were not themselves current users of local learning disability services.

> *There is an issue of how you know the representatives are representative; it reminds us that it's not just about us.*
>
> Manager, statutory sector (social services)

> *This is too big a constituency for* ***all*** *groups to be heard, but they (board meetings) give opportunities to pick up on issues.*
>
> Manager, statutory sector (PCT)

If partnerships are to be effective they must be based on mutual trust and respect, and this may be compromised when there is a lack of confidence that individual members are fulfilling a truly representative function. There was evidence from this research to suggest that respect was not always afforded to learning disabled Board members, including in the following example:

> *A group here challenged a group of professionals who they felt had bullied them into a decision against their wishes at an earlier meeting.*
>
> Learning disabled Board member

Carers who attend Partnership Boards

All the Partnership Boards surveyed said that carers were members of their Board. As with learning disabled Board members, we asked for details of the age, gender and ethnicity of carers; a full breakdown of this information is shown in table 2.

Table 2: Carers' attendance at Partnership Board meetings

	Never attend meetings %	Occasionally attend meetings %	Regularly attend meetings %
Male carers	15	21	63
Female carers	4	4	92
Carers from ethnic minority communities	51	25	17

As Table 2 shows, female carers were better represented at Partnership Board meetings (92%) than their male counterparts (63%). Carers from ethnic minority communities were generally not well represented, with just over half of all of Partnership Boards (51%) saying that this group of carers never attended Partnership Board meetings, and only 17% saying that they attended regularly. This compares to just 4% of Boards who said that female carers never attended. More needs to be done to encourage and enable and the involvement of carers from diverse backgrounds.

During interviews, examples were given of situations in which carers and people with learning disabilities worked well together. However, on other Boards there was also evidence of friction between carers and people with learning disabilities.

The disabled people and the carers work together, and that helps things.

Learning disabled Board member

The carers talk a lot and sometimes they do take over about things that they want sorting out.

Learning disabled Board member

In some cases, members with learning disabilities felt that carers' voices and opinions were too dominant within meetings. In other cases, carers believed the opposite to be true – that the opinions of learning disabled Board members were given primacy.

Organisational, professional and special interest representation on Partnership Boards

One notable finding was that representatives of both specialist and generic services who were sitting on Partnership Boards appeared typically to have not chosen to represent their organisation. This meant that some professionals had very little sense of what would be required; were not always committed to their role; and had no greater democratic mandate than service users or carers.

When Partnership Boards are badly thrown together, it's an impossible task.

Learning disability project manager

I didn't know what to expect, but there are issues around my ability to participate - we are a small authority, and very busy, and I have missed a lot of meetings.

Manager, statutory sector (generic service)

As has already been noted, there was no correlation between the overall size of Partnership Board meetings and attendance by any particular representative. A full breakdown of attendance at Partnership Board meetings by organisational, professional and special interest representatives is given in Table 3.

Table 3: Organisational, professional and special interest attendance at Partnership Boards

	Never attend meetings %	Occasionally attend meetings %	Regularly attend meetings %
Social services - senior manager	-	1	99
Primary Care Trust	4	22	73
Independent sector service provider	1	8	91
Housing Department (LA)	22	43	34
Supporting People team	24	45	27
Leisure service (Local Authority)	43	42	15
Adult Education	18	43	33
Learning & Skills Partnership	37	37	25
Job Centre Plus	60	23	14
Supported employment services	21	32	45
Children's services/transitions worker	13	41	47
Frontline social worker	35	40	25
Clinical psychology	50	27	22
Frontline care/support worker	42	29	28
Nominated 'champion' for ethnic minority service users	51	16	31
Nominated 'champion' for people with profound and multiple disabilities	40	19	37
Nominated 'champion' for adult protection issues	41	36	19

The only organisation which was always involved in Partnership Boards was adult social services. This is not an unexpected finding, nor is it unwelcome. However, evidence from interviews suggested that in some areas Boards were perceived as ‘belonging to’ or ‘under the control of’ social services – and this is not helpful in encouraging partnership approaches.

The Board is top heavy with people from the Local Authority. Carers have left (the board) and service users go.

Carer representative

I think the Partnership Board for what we are set up to do here is achieving quite well. There is, though, a domination, whether intended or not, by the statutory sector and its employees.

Manager, Voluntary sector

The fact that social services senior managers (99%) and independent sector service providers (91%) were the most regular professional attendees at Partnership Boards is not surprising, as these are the people who, respectively, commission and provide the majority of services for people with learning disabilities. The next best attendees were PCT (Primary Care Trust) representatives (73%), although – as we shall show later – in areas where the PCT did not attend regularly, this was the cause of considerable disquiet. Representation from other organisational, professional and special interest groups was variable, with regular attendance never reaching 50% for any group.

Despite both *Valuing People* and subsequent implementation guidance stating that Partnership Boards must include representatives from a range of statutory and non-statutory bodies the involvement from generic services was often poor. This was true even of crucial statutory services such as local authority housing departments (34% of Boards said that their meetings were regularly attended by a representative of this agency); adult education (33%) and supported employment services (45%); with even lower representation from leisure services (15%) and Job Centre Plus (14%). This lack of engagement is undoubtedly one of the many factors which inhibit beneficial change in relation to important areas, such the availability of employment, educational and leisure opportunities.

Findings relating to the attendance of 'champions' for groups of people with learning disabilities who experience particular additional disadvantages was also poor. Over half of Boards (51%) had failed to identify or recruit a champion for black and minority ethnic service users, and just under one third (31%) had regular attendance from such a person. Champions for both people with profound and multiple learning disabilities and for adult protection issues were likewise not a regular feature of many Boards – with regular attendance from a nominated champion at 37% and 19% of Boards respectively. Taken together, these findings suggest that Partnership Boards are in danger of listening more to the voices of more able, and/or less stigmatised, groups of people with learning disabilities. It is important that the needs of these less vocal and less well represented groups are not overlooked.

I have a sight difficulty and a hearing disability and I don't think that we get enough people to speak up on behalf of people like me, there isn't actually someone to speak up for people with more than one disability

Learning disabled Board member

It was also notable that organisational, professional and special interest representatives always formed an overall majority of Partnership Boards members. This was a cause for concern amongst some interviewees, who felt that this not only made it more difficult for people with learning disabilities and family carers to speak up, but also meant that if a formal vote was ever taken then it would almost inevitably come out in favour of the statutory services' position.

Chairing and formal decision-making

Most Partnership Boards were co-chaired by a person with a learning disability working together with a professional, typically someone from adult social services. The professional roles of the non-learning disabled co-chairs included: Director of Adult Services (20%); Joint Commissioner of Learning Disability Services (4%); Head of Learning Disability Services – Local Authority (18%); and a variety of other professional roles including Social Inclusion Officer, and elected Council Member.

The majority of Partnership Boards (82%) were co-chaired by a member with a learning disability. However, comments made by interviewees indicated that on many Boards the role of the learning disabled co-chair was largely ceremonial, limited to introductions and formal thanks, with the non-disabled co-chair remaining in charge of the dynamics of meetings, calling people to speak and controlling voting processes when these took place.

> *The Chair decided to vote separately on decisions, and some board members were just not involved.*
>
> Nominated Champion

> *Views are considered in principle – but there have to be executive decisions - this comes after discussion, the principles are fully adhered to but with a Partnership Board you just haven't the time to go into everything, because you would be there for hours.*
>
> Chair & Manager, statutory services

> *I think this has probably happened in other places as well, but sub groups are disbanded by LAs [local authorities] because they haven't time to chair it or they have found a different way of doing the work without involving the sub-group, but that's not in discussion with the sub-group, it's a fait accompli.*
>
> Voluntary sector Board member

The significance of the Chair's role in shaping debate can be seen clearly when considered in light of the (lack of) formal decision-making processes in many Partnership Boards. Almost half of Partnership Boards (47%) reported that decisions made at meetings were based on 'consensus agreement' being reached. This approach may at first glance look like a good model of partnership working, but in practice can result in the views of a vocal minority, or groups which have more power, taking precedence.

There can be problems because people jump in – they don't listen to us.

Learning disabled Board member

The Partnership Board means that they (statutory services) are more willing to consult with people - I wouldn't say that they are being listened to, though.

Voluntary sector Board member

Around one-third of Boards (31%) used a formal system of 'one person, one vote' to formalise decision-making following discussions. Again, however, this approach was open to criticism, particularly where the membership of a Board was such that professionals would always be in a majority.

There were arguments about how money was spent, but people from the Local Authority fobbed us off; they said 'your points have been noted'.

Carer representative

Some Partnership Boards (15%) used a mixture of 'one person, one vote' and consensus agreement. Interestingly, a small minority of Partnership Boards (7%) said that they did not make any formal decisions and instead simply used meeting minutes as a record of the discussions which had taken place. This approach has the benefit of ensuring that conflicting views are not glossed over. However, it also lends itself to accusations that Partnership Boards are operating as talking shops rather than influential strategic bodies.

3: Outcomes from Partnership Board work

The outcomes from Partnership Board work are, or should be, as important as the practicalities and processes involved in the meetings themselves. The fact that little previous research on Partnership Boards has focussed on outcomes may be a reflection of ongoing difficulties in ensuring that the process of meetings is inclusive and enabling for all Board members, or the fact that, in some cases, the meetings themselves are the most significant outcome of the Board's existence. This section will explore a variety of ways of assessing the outcomes of Partnership Board work, including public accountability; setting targets against which to measure progress; and the reasons why some Boards were not achieving all that they hoped to achieve.

Information and public accountability

If Partnership Boards are to have maximum credibility, then not only must all stakeholders be enabled to participate effectively, but awareness of their existence must not be limited to Board members alone. The availability of accessible information is therefore one of several important issues relating to the public accountability of Boards. This is in a context where only half of Partnership Boards (50%) held meetings in public.

Most Boards (84%) produced minutes and reports in accessible formats; only 8% of Boards only produced minutes in traditional (i.e. non-accessible) formats, with the remainder providing copies on both accessible and non-accessible versions. More than half of Partnership Boards (58%) said that they had their own website, while a small number of others said that a website was currently under development. Time constraints have precluded visiting all of these websites, but attempts were made to look at a number of them. Where websites did exist they were often difficult to locate via the local authority's home page and contained a variety of information, but they did not always include minutes of Board meetings or details of how to contribute to ongoing local debates.

Partnership Boards operate within the overall framework of Local Strategic Partnerships, which were created to ensure both public involvement in policy-making and the public accountability of public bodies. In reality, however, Partnership Boards did not often appear to be fully engaged in the public accountability aspect of their remit. Less than a third (31%) of Boards produced a Public Annual Report. Some did, however, report to other public and/or voluntary bodies, as shown in Table 4.

Partnership Boards were most likely to report to Social Services (45%) or Primary Care Trusts (43%), with a smaller proportion (36%) reporting to service user or self advocacy groups. The number reporting formally to local councils (either to full Council, cabinet or to sub-committees) was small, totalling just over twenty per cent. This lack of engagement between Partnership Boards and local democratic processes may be a contributory factor to both the low public profile of some Partnership Boards and their limited ability to influence political decisions.

Table 4: Reporting by Partnership Boards to other public bodies

	Partnership Boards reporting to this agency or forum %
Full Council	6
Cabinet	14
Council sub-committee	1
Service user/self advocacy groups	36
Social Services	45
PCT	43
Local Strategic Partnership	29
Other	27

It was beyond the scope of this research to fully explore the extent to which the wider population of people with learning disabilities and family carers (i.e. those who are not themselves Board members) are aware of the existence of Partnership Boards. However, many interviewees expressed concern that public knowledge of Learning Disability Partnership Boards was limited, echoing the concerns of self advocates who had responded to our initial scoping exercise.

The learning disability community is well represented, but the neighbourhood community probably doesn't know a lot about the Partnership Board.

Manager, Voluntary sector

I have never heard the Partnership Board mentioned in a decision making process elsewhere.

Nominated Champion

Monitoring progress and setting targets

Partnership Boards used a variety of methods to monitor their own progress, but no one approach was used consistently across all Boards. Only a tiny proportion (3%) of Boards was independently audited, although a larger number (27%) had been subject to evaluation by service user or self-advocacy groups. A full breakdown of the various means by which Partnership Boards monitored or evaluated their own progress is provided in Table 5 below.

Assessing the nature or focus of any such evaluation was beyond the scope of this research. However, based on other findings it seems likely that a significant proportion of monitoring activity will have focussed on the process of Partnership Board meetings and related activities rather than the wider outcomes of Partnership Board work. Notably, less than a third (30%) of Partnership Boards said that they set annual targets against which to measure the effectiveness of their work.

Table 5: Monitoring Partnership Board progress

	Method of monitoring %
Public annual report	32
Private annual report	8
Measurable annual targets	30
Independent audit	3
Evaluation by service user/self advocacy groups	27

When asked to give an example of something positive that their Board had achieved in the past year, around a quarter of survey respondents chose to cite matters which related purely to the process of Partnership Board meetings, for example:

> *A person with learning disabilities now Co-Chairs the Board*
>
> *The role and membership of the Board was reviewed*
>
> *The Partnership Board has worked hard to promote inclusion and now allows observers*
>
> *We have changed the way we meet to include more people with a learning disability*
>
> *Minutes provided in an accessible format*

Amongst those who gave more outcome-focussed examples of achievement, many cited the development of plans or undertaking of reviews, or perceived improvement to services, but without noting any specific outcomes, for example:

> *LDDF [Learning Disability Development Fund] used to promote Valuing People objectives*
>
> *Learning disability housing strategy*
>
> *Developed an employment action plan*

Only a minority gave a specific and concrete example of achievement, and where these were given they ranged from positive, but frankly minor, achievements such as *'a multi-faith calendar'* through to important developments in service provision in both specialist and generic services:

> *As a result of a 'Health Day' some good progress made with health targets, i.e. GP registration increased from 70% to 98%*

> *Agreed a housing & support strategy that has led to 46 new tenancies this year*
>
> *GPs have agreed to record learning disability on their databases thus providing a clear route to identifying people at higher risk of learning disability related illnesses and ensuring people do not get left out of population-wide health checks*
>
> *Employed 3 new advocacy workers- including one for BME [black & minority ethnic] groups and one for parents with learning disabilities*

An emphasis on processes rather than wide outcomes was also evident when respondents were asked for an 'example of a target that you have set for the year ahead', with several Boards having set themselves the target of reviewing Board membership and/or its terms of reference. Other targets covered a range of issues, with Health Action Plans, person centred plans, direct payments, employment and modernising day services all frequently mentioned. However, less than a third of the targets given for the coming year were specific and measurable. Table 6 provides examples of targets relating to various aspects of specialist and generic services for people with learning disabilities. In each case we have given examples of 'good' (i.e. specific, measurable) targets and 'poor' (i.e. vague, unquantifiable) targets.

Table 6: Effective and ineffective targets, as set by Partnership Boards

Area of service	**Examples of 'good' targets**	**Examples of 'poor' targets**
Advocacy	Provision of advocacy services – 850 hours of self advocacy; 40 carers supported; 2 peer advocates; 80 people benefiting from task-based advocacy	Increase advocacy
Health	*	Work with hospitals to improve access for people with learning disabilities Improved experiences of primary health
Employment	12 people with LD employed in Local Authority	Better pathways to employment Getting more people into work Increase the number of people in paid employment and voluntary or permitted work

Table 6 cont.

Day services	*	More flexible daytime activities Modernisation of day services More modernised day services and increased day opportunities for people with learning difficulties
Support for carers	More carers are offered a carers assessment and are supported through a flexible carers short break (target for 80 assessments & 80 carers supported by short breaks in each of next 3 financial years)	Explore opportunities to engage with users & carers from ethnic minority communities
Housing	To have 20 additional tenancies for people with a learning disability living in their community To establish a self directed support pilot for 12 people Development of standards approved by the Board in the commissioning of new services e.g. supported living	Increase in numbers of people living in accommodation in the community as opposed to residential care Improving housing options Reduce the numbers of people with learning disabilities living in residential care
Direct payments	Increase in take up of direct payments to minimum of 39 within this financial year	Percentage of people receiving direct payments
Person centred planning	100 person centred plans 12-15 new Circles of Support for older people with learning disabilities	Increase in number of people in receipt of Person Centred Plan
Other	Get a Changing Places toilet facility installed in both Town A and Town B	No targets have been set Integration of services

* A blank box indicates that no examples of measurable targets for this aspect of service delivery were given by respondents

As bodies charged with strategic, rather than operational, responsibility for implementing *Valuing People* objectives an equally important way of evaluating the effectiveness of Partnership Boards is to assess the extent to which they have influenced decisions which impact upon the lives of people with learning disabilities and their families. In many cases this means the Boards’ ability to influence decisions made by other agencies. A full breakdown of Partnership Board involvement in local decision making processes is provided in Table 7.

Table 7: Partnership Board involvement in local decision-making

	No formal involvement in this matter %	Consulted, but decision made elsewhere %	Has final say in these decisions %
Agreeing overall expenditure on learning disability services	68	32	_
Cuts to Local Authority learning disability budget	49	51	_
Cuts to health learning disability budget	64	36	_
Allocation of resources from LDDF	3	29	69
Changes to eligibility criteria for services	32	63	3
Closure or merger of day services	7	89	3
Closure or merger of housing/residential services	19	79	_
Closure or merger of other services	17	71	3
Development of new day services	7	88	6
Development of new housing/residential services	14	86	_

It was not expected that Partnership Boards would have the final say in many decisions, not least because Boards do not have statutory powers and cannot take direct control over budgets. Nevertheless it was to be welcomed that 69% of Boards were the place where decisions were made about how best to utilise LDDF (Learning Disability Development Fund) monies.

More broadly, these findings provide evidence to suggest that Partnership Boards are actively consulted about some types of decisions but largely excluded from any involvement in other aspects of local policy. In general, Boards are less likely to be consulted when the matter in question concerns levels of expenditure and more likely to be consulted about decisions concerning service provision. For example, more than half (55%) of Boards had no involvement in Local Authority decisions about levels of spending on learning disability services, a proportion which rose to over two-thirds (68%)

in relation to agreeing overall Health levels of spending on learning disability services.

By contrast, however, there were fairly high levels of consultation with Partnership Boards over plans for specialist local learning disability services. Within this, it was notable that Board involvement was greatest in relation to day services, with 89% consulted about closures or mergers of services and 88% consulted about development of new services. Figures for consultation regarding housing and residential services, at 79% for closures and 86% for new services, were slightly lower; this may reflect the fact that housing and support is more likely to be provided by the independent sector.

Changes to eligibility criteria, an issue which arguably embraces matters of both budgets and service provision, had no formal Board input in 32% of cases.

It must also be noted that even where Partnership Boards are formally consulted about a particular issue, this does not mean that the recommendation of the Board will be acted upon by the relevant statutory service commissioners. As the Partnership Board Chair cited earlier put it: '*Views are considered in principle – but there have to be executive decisions'.*

Barriers to effective outcomes

When asked to reflect on reasons why their Partnership Board had been unable to achieve particular goals, a number of themes emerged. Again, this included difficulties with the process of Partnership Board meetings and a failure to engage key stakeholders as well as problems arising from limited power.

Interestingly, several survey respondents reported problems in engaging either service users and/or carers as active members of their local Board. Examples of perceived lack of achievement in this area, and associated reasons, included the following:

> Not yet achieved: *Co-chair – we have struggled with this!*
>
> Why? *People seem unwilling to commit time to the process*

> Not yet achieved: *Setting up of carers/service users subgroups*
>
> Why?_*Carers interested in own child and personal agenda, unable to look at wider context. Service user commitment sporadic.*

Interviews, however, demonstrated that this was more a complex area than the above quotes might suggest. There was clearly a feeling amongst some service users and carers that their enthusiasm and commitment to Partnership Boards was wearing thin, after several years' attendance at meetings which – in their eyes – had achieved very little. Not only service users and carers, but also some professionals repeated the belief that Partnership Boards were a *"talking shop"*, which enabled councils to pay lip service to service user and carer engagement whilst continuing to exclude them from any real decision making.

Where statutory authorities remained unwilling to cede any control to Partnership Boards, and where service users and carers were unable to exert any discernable influence upon such decisions following due Partnership Board processes, there was a danger of a downward spiral being created. One survey respondent described this as:

> *There is a need for the Board to 'achieve/do' more – this would be through the setting up of task groups, but people are reluctant to commit to more meetings without being sure that the outcome will be worth it.*

And another noted that:

> *The Board needs to become more effective as opposed to purely an information sharing forum. This has not been achieved.*

It must, however, be noted that this lack of engagement from service users and carers was typically a consequence, rather than a cause, of the ineffectiveness of a local Partnership Board.

Where survey respondents noted difficulties in achieving specific outcomes, these most often arose from a failure to persuade statutory and/or independent organisations to work in partnership to support the needs of local people with learning disabilities. Some topics cropped up repeatedly. For example, a number of Boards reported a lack of progress in relation to public transport provision, because this was in the hands of private companies. Many talked about a reduction in the availability of further and/or adult education classes for people with learning disabilities, which the Partnership Board had been powerless to prevent because these changes had come about as a result of Government decisions taken at a national level. Various generic statutory services were also sometimes cited as unwilling to engage with the Partnership Board, including leisure services, employment services and town planners (in the latter case, the refusal to engage meant that the Partnership Board was blocked from any chance of securing an accessible toilet/changing facility for people with profound and multiple learning disabilities).

Most worrying, however, were examples in which health Trusts had simply refused to engage with local Partnership Boards, as in the following examples cited by survey respondents:

> *The Board has been contacted by a local advocacy group and by the families of people using services provided by the local health Trust, to raise concerns about Trust plans to close a service without consultation or the involvement of people with learning disabilities and their families. The Board discussed this, wrote to the Trust asking them to postpone their plans and to consult properly and to involve people with learning disabilities and their families. To date we have no response to our letter, no representation from the Trust since we sent the letter, and the plans to close the service are moving on quickly.*
>
> *We have tried to engage with the newly formed PCT (Primary Care Trust) to seek formal Board representation and to look at mainstreaming development work undertaken by the Board. The Board, using LDDF (Learning Disability Development Fund), supported the development of communication passports and health support through transition. This has been funded for the past 5 years and we are looking to transfer this. The PCT as yet have not engaged.*

The effectiveness of a Partnership Board undoubtedly rests in large part upon the commitment of its members, especially their willingness to take on tasks over and above simple attendance at meetings. However, even where members are dedicated and hard working their ambitions may easily be thwarted by statutory authorities (most often health rather than social services) who simply refuse to engage in the process of partnership or to recognise the legitimacy of the Partnership Board.

In fact, when asked what might enable their Partnership Board to be more effective in its strategic planning role by far the most common response was a call for Boards to be granted greater authority over key decisions:

> *To have clear decision making powers, rather than just ad hoc consultative function*
>
> *Greater decision making authority*
>
> *Legislation that gives the Board powers to make decisions as opposed to its activity as an influencing body*
>
> *More formal powers!*
>
> *Independence; delegated powers; a legislative change that gave more powers to Partnership Boards*
>
> *Having some delegated decision making authority*
>
> *More formal authority so we have power over budgets*
>
> *Delegation by two statutory commissioning bodies that the Board was the authoritative multi-agency vehicle for decision making*

Within this overwhelming demand for greater powers there was also recognition, albeit from a more limited number of respondents, that authority could be achieved through developing more effective partnership processes. Within this group of respondents, there were calls for better links with not only local authorities and health Trusts, but also Local Strategic Partnerships (LSPs) and central Government structures. The following quotes demonstrate the range of changes which were called for:

> *Clear role, function, built into a larger accountability structure e.g. Local Strategic Partnerships*
>
> *Better formal links to [local council] Cabinet and PCT Board*
>
> *Be more central to NHS & LA [local authority] governance arrangements*
>
> *To have a formal link with the local LSP, to have a formal link with the PCT Board and to have a formal link with the local scrutiny committees.*
>
> *The Board needs to be more proactive in the LSPs thinking to take account of people's views and needs. The LSP concentrates on very high level strategies*
>
> *Being responsible for more decisions than LDDF spend and having a status within the learning disability and health reporting/consultative structures e.g. LAA, LSP*
>
> *Better links with LSP*
>
> *Clearer remit that will hopefully come out of the rethink document*

> *Higher profile: more national/Government recognition of the role of LDPBs*
>
> *More teeth to White Paper directives; acknowledgement by National directive of role of Partnership Board*

In defence of statutory authorities, however, it must be recognised that their unwillingness to relinquish control over public money is based on more than simple refusal to share power with others. Firstly, until and unless Partnership Boards are given statutory powers then social services and health will continue to be held accountable for how their budgets are spent. Secondly, there may be genuine concerns, as discussed earlier, about the democratic mandate of Partnership Boards. This lack of democratic legitimacy may relate to any Board members who do not consult with and report back to a wider constituency of service users, carers, professional colleagues or organisational networks. Third, but by no means least, remains the question of what the intended role of Partnership Boards is anyway.

The majority of survey respondents and interviewees frequently referred to ‘decision-making’, or a lack thereof, in relation to their Partnership Board and its effectiveness. A sole respondent, however, pointed out that:

> *Terms of reference state that it is a strategic influential body, not a decision making Board with regard to LA/PCT policy and discussions*

The respondent quoted above is technically correct, in that most documents refer to Partnership Boards as strategic, rather than decision making, bodies. The exception to this, however, was the detailed guidance for Partnership Board issued in 2002 which specifically stated that “the Government expects Partnership Boards to be the place where local decisions are made” (Department of Health, 2002, p.16). Moreover, *Valuing People* itself makes it clear that Partnership Boards should be more than discussion forums, as in the following statement:

> “Partnership Boards **will be responsible** [emphasis added] for those elements of the Government’s proposals which relate to services for adults with learning disabilities” (Department of Health, 2001, p. 107)

It is, in fact, very difficult to see how Partnership Boards can achieve their goals without making decisions about how they believe money should be spent, services should be restructured or competing concerns should be prioritised. Moreover, the Partnership Boards which were currently operating most effectively clearly regarded themselves as decision making bodies, and were recognised as such by local statutory agencies. Boards such as this respondent to the survey by stating that:

> *We do believe our Board works effectively and we are recognised both locally as being key to all decision making processes and nationally as a Board that is working well.*
>
> *The Board is now, after many months of hard work, recognised as the strategic reference group for learning disability services. No decisions are made about services without full consultation with the Board, and with people who use services.*

These are examples of Partnership Boards where both social services and health have, of their own volition, acknowledged that the Partnership Board is the place where strategic plans are developed, plans which statutory and non-statutory, specialist and generic services will seek to implement, and against which their performance will be measured.

Conclusion

The role of Partnership Boards

Regardless of their intended purpose, Partnership Boards *in practice* appear to fulfil two roles:

- A place where service users and carers are given a voice
- Strategic planning bodies

These two roles are quite distinct, and there are tensions between them.

This research would suggest that where the role of the Partnership Board is seen as primarily about giving a voice to service users and carers then a focus on process rather than outcomes is likely. Partnership Board meetings may become more accessible, with greater numbers of service users and/or carers participating, but the meetings may increasingly be used for information sharing and airing of grievances rather than strategic planning. Senior representatives of partner agencies are increasingly likely to absent themselves from these meetings, resulting in either an absence of key players (e.g. witness the absence of regular PCT representation on 26% of Boards) or the delegation of responsibility to junior representatives who lack the power to commit resources or sign up to new strategies.

By contrast, where strategic planning is seen as a priority, a Partnership Board may be more efficient in terms of its strategic function, but at the cost of marginalising the involvement of service users and carers. In this scenario, attendance at meetings may be limited to the mandatory minimum of two service users and two carers. Where these individuals are supported by, and linked to, wider circles of service users and carers their input may still be effective, but where this is not the case then their lack of a democratic mandate makes it easy for their views to be overruled by more powerful organisational stakeholders.

The effectiveness of Partnership Boards

The findings from this study show that, overall, Learning Disability Partnership Boards are continuing to improve the ways that they involve service users in the process of meetings by, for example, providing minutes and other papers in accessible formats and through their involvement as Co-chairs. Likewise, many Partnership Boards are trying to raise their public profile, most notably through the development of accessible websites. Whether such progress is sufficient is for others to judge.

In other areas, however, Partnership Boards have arguably been less successful. Although both people with learning disabilities and family carers are physically present at Board meetings, questions remain both over how well individuals are able to reflect the views of the populations they represent and over the support they are given (or not given) to canvass opinion and communicate decisions to this wider constituency. The limited involvement of people from black and minority ethnic communities, either directly as Board members or indirectly through a nominated 'champion', remains a matter of concern. Likewise, the number of Boards which include a champion for people with profound and multiple impairments also remains stubbornly low, as does the number with champions for adult protection issues. It is important that these groups and issues are not overlooked, because they relate to groups and individuals who are likely to experience the most extreme disadvantage.

The involvement of a wider array of stakeholders from statutory and non-statutory agencies remains problematic. Attendance at meetings was particularly low from representatives of some generic public services, including Job Centres, leisure services and adult education, which are not under the control of Partnership Boards, but nevertheless play key roles in determining the opportunities available to many people with learning disabilities. Better ways need to be found to engage in effective partnership with these agencies.

In terms of influence, most Partnership Boards are now consulted about decisions relating to the direct provision of services for people with learning disabilities, in particular day services and housing/residential services. Decisions about budgets, including overall expenditure and cuts to learning disability budgets, did not typically involve Partnership Boards. Despite these broad distinctions between financial and operational planning and decision making, interviews suggest that consultation is no guarantee that commissioners in statutory services will act upon recommendations from Partnership Boards. This is an area which, we believe, warrants more detailed investigation.

Despite their strategic role, this study would suggest that Partnership Boards are often poor at setting measurable targets and assessing whether such targets have been met. This is an area of practice which needs to be improved, particularly if Boards want to hold local Councils to account over the quantity and quality of local learning disability services.

Where Partnership Boards identified areas where their ambitions had not been achieved, these were most often attributed to failures in partnership approaches. These failures were attributable to a range of factors, including privatisation of services (e.g. transport) and conflicting central government policies (e.g. adult education) as well as lack of engagement at local level.

Ultimately, the effectiveness of a Partnership Board undoubtedly rests in large part upon the commitment of its members, especially their willingness to take on tasks over and above attendance at meetings. However, even where members are dedicated and hard working their ambitions may be thwarted by statutory agencies that refuse to engage in the process of partnership or to recognise the authority of the Board.

Recommendations

Based on the findings from this research, we believe that the following action is necessary in order to ensure that Partnership Boards operate effectively in the future.

1. **Clearer guidance from central Government**

   All Board members need to have clear guidance about what is expected of their role – including activities and engagement which go beyond attendance at meetings.

   Clarification is needed concerning whether Partnership Boards are decision making bodies or consultative forums.

2. **Statutory recognition**

   Partnership Boards need a process by which they can publicly hold statutory services to account. This does not have to entail Partnership Boards themselves becoming statutory bodies with direct control over public monies, but does *at the very least* require either that statutory agencies are required to formally consult the local Partnership Board on measures which will affect people with learning disabilities or that the Board submit an annual report to be considered formally by the elected membership of the Council (or a sub-committee thereof).

3. **Strengthening the democratic mandate**

   At present, it is too often the case that Board members (be they service users, carers or paid staff from statutory and non-statutory organisations providing specialist or generic services) are self-selected or co-opted by senior statutory service managers. Greater consideration needs to be given to how Board members are selected and whether all members should have voting rights.

   All Partnership Boards should seek to involve elected Councillors as Board members, as one way of increasing their public and political profile.

4. **Partnership**

   Firmer guidance should be given to Primary Care Trusts and other statutory agencies (including all those listed in Table 3) concerning the requirement for them to be involved in Partnership Boards.

   Awareness of Partnership Boards needs to move beyond people who are already commissioners or providers of specialist statutory services, to include not only all people with learning disabilities and family carers but also commissioners and providers of generic services.

5. **Effective measurement of achievement**

   Partnership Boards need to get better at measuring change within both learning disability services and within generic services which are used by people with learning disabilities.

   Regular targets need to be set, which are both realistic and measurable, against which achievements can be measured. This is necessary in order not only to demonstrate the effectiveness of Boards, but also as a tool by which to hold services to account.

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