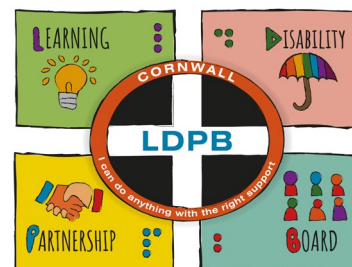


<b>MEETING NOTES:</b>	Meeting of the Learning Disability Partnership Board
<b>DATE:</b>	Thursday, 25 May 2023
<b>LOCATION:</b>	St Erme Community Centre and on Microsoft Teams

## ATTENDANCE

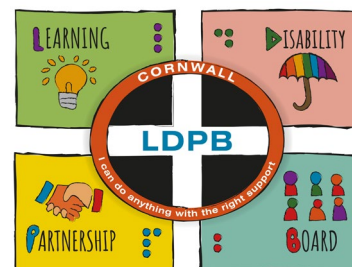
Name	Position	Organisation
Cllr Jayne Kirkham (JK)	Cornwall Councillor and LDPB Chair	Cornwall Council
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Robert O'Leary (RO)	Partnership Boards Lived Experience Officer	Healthwatch Cornwall
Alex Seaman (AS)	Self-advocate	Brandon Trust
Amanda Wilton (AW)	Parent carer of a young adult with profound and multiple LD	Patient Council Derriford UHP
Christopher Burns (CB)	Self-advocate	
David Burns (DB)	Self-advocate and Community Promoter	Citizen Checkers and Healthwatch Cornwall
Dina Holder (DH)	Community Engagement Manager / Divas Facilitator	The Women's Centre Cornwall
Donna Darby (DD)	Director	Calton House
Sgt Flo Linscott (FL)	Diverse Communities Team Lead (Cornwall)	Devon and Cornwall Police
Harley Jolley (HJ)	Self-advocate	
Jenna Pulley (JP)		Cornwall Partners in Policymaking
Jo Cope (JC)	Disability Employer Advisor	Jobcentre Plus
Jo Pike (JPi)	Screening Liaison Nurse, Primary Care Liaison Team	Cornwall Partnership NHS Foundation Trust
Julie Pape (JPa)	Self-advocate and Champs Team Member	Healthy Cornwall
Karen Gregory (KG)	Service Director	Mid-Cornwall Hub Day Services
Karen Hooper (KH)	Interim Head of Commissioning for Learning Disability, Autism and Mental Health	Cornwall Council
Karl Potts (KP)	Specialist Parenting	Cornwall Partnership NHS Foundation Trust



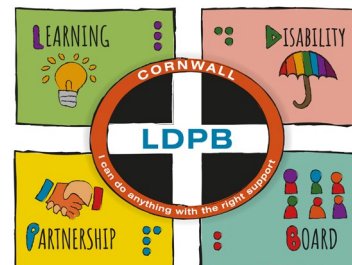
Name	Position	Organisation
Laura Keeper (LK)	Self-advocate, service user (BDS) and Trustee (CPF)	Blantyre Day Services & Cornwall People First
Megan Julian (MJ)	Screening Liaison Nurse	Cornwall Partnership NHS Foundation Trust
Nory Menneer (NM)	Clinical Lead and Commissioning Manager for People with LD	NHS Integrated Care Board
Paul Owen (PO)	Self-advocate and Champs Team Member	Healthy Cornwall
Pat Jolley (PJ)	Parent Carer	
Rachel Mellor (RM)		Brandon Trust
Rosi Van Dam (RV)	Clinical Lead: Mental Health Liaison Practitioner	Cornwall Partnership NHS Foundation Trust
Ryan (R)	Self-advocate	
Samantha Clark (SC)	Chief Executive	Learning Disability England
Sandra Ward (SW)	Parent carer of a young adult with profound LD, Director of Parent Carers Cornwall and Chair of Carers Partnership Board	Parent Carers Cornwall
Shelagh Mitchell (SM)	Healthy Cornwall Team Lead & Health Inequalities Champs Team Manager	Healthy Cornwall
Sam Edwards (SE)	Nurse Consultant, Community Adult Learning Disability Team	Cornwall Partnership NHS Foundation Trust
Steven Dymond (SD)	Self-advocate and Partnership Boards Community Promoter	Healthwatch Cornwall
Tina Sanford (TS)	Learning Disability, Autism and Transitions Manager, Adult Social Care	Cornwall Council
Wayne Williams (WW)	Self-advocate	Mid-Cornwall Hub Day Services

## APOLOGIES

Name	Position	Organisation
Alison Bulman	Strategic Director, Care and Wellbeing	Cornwall Council
Alison Short	Advocacy Coordinator	The Advocacy People
Cllr Andy Virr	Portfolio Holder – Adults and Public Health	Cornwall Council
Christopher Jordan	Self-advocate and Volunteer book keeper (CPF) and Parish Councillor	Cornwall People First



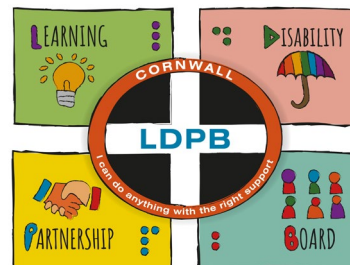
Name	Position	Organisation
Chris Wolstencroft		Fire Service
David Pike	Operational Lead and Head of Service, Specialist Parenting	Cornwall Partnership NHS Foundation Trust
Deanne Hill	Patient Engagement Manager	South Western Ambulance Service
Fliss Hedge	Operational Lead	Cornwall People First
Gill Pipkin	Chief Executive Officer	Citizens Advice Cornwall
Helen Toker-Lester	Making Good Change Happen lead	On behalf of Cornwall Council
Julia-Wildfire-Roberts	Director & Project Manager	Healthwatch Cornwall & Pentreath Mental Health
Kay Riley	Diva	The Women's Centre Cornwall
Kath Jarrett	Self-advocate and Champs Team Member	Healthy Cornwall
Kevin Beveridge	Area Director, Adult Social Care	Cornwall Council
Lynda Berry	Parent Carer of an adult with LD	
Neil Oates	Self-advocate and Champs Team Member	Healthy Cornwall
Penni Charteress	Mentor Coordinator/Community Engagement Worker	The Women's Centre Cornwall
Penny Newman	Team Manager Cornwall, the Isles of Scilly, Plymouth and Torbay	The Advocacy People
Paula Volkner	Transforming Care Project Coordinator	NHS Cornwall and Isles of Scilly Integrated Care Board
Sam Maddern	Primary Care Liaison Nurse and Team Lead for LD services	Cornwall Partnership NHS Foundation Trust
Stuart Ralphson	Self-advocate and Champs Team Member	Healthy Cornwall
Tom Sanderson	Self-advocate	Mid-Cornwall Hub Day Services
Trudy Binnie	Disability Employer Advisor Leader	Jobcentre Plus
Dr Victoria Parnell	Clinical Lead, Specialist Parenting Service	Cornwall Partnership NHS Foundation Trust



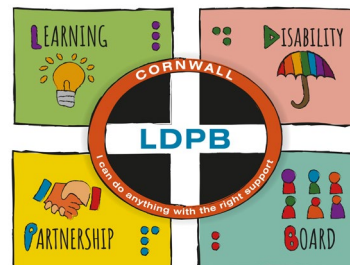
## ACTIONS AGREED AT MEETINGS

Action	Responsible	Status
Specialist Parenting	DH	7 September 2023 agenda item.
Learning Disability Strategy	Public Health	Update on engagement to 7 September 2023 meeting.
Circulate Screening Liaison Nurse leaflet and Annual Health Check template	MJ / SM / PB team	Complete.
Share details of Cornwall Council vacancies for people with learning disabilities.	KH / PB Team	Ongoing. To be shared as vacancies go live.
Update on opening the Safe Places Scheme to neurodiverse individuals.	FL / SM	Ongoing. Verbal updates to meetings.
Updates on Accessibility Advisory Group for RCHT as appropriate.	MH	Ongoing.
LeDeR report updates.	SS	Ongoing. Sara Sanders, Quality Manager, ICB to liaise with PB Team to ensure timely updates.

Item	What was discussed	Action
<b>1.</b>	<b>Welcome, introductions and apologies</b>	
	<p>JK welcomed everyone and advised that the meeting was being recorded for minute taking purposes. Permission would be sought from individuals if it was to be shared beyond the meeting.</p> <p>JK ensured that everyone understood the meeting etiquette and how to contribute to the meeting if they had joined online. AS agreed wholeheartedly that it was very important that everyone gave each other opportunity to speak and be heard.</p> <p>Apologies received were relayed as detailed above.</p> <p>JK invited everyone present to introduce themselves.</p>	



<p>2.</p>	<p><b>Minutes of and actions from the meeting held on 23 February 2023</b></p>	
	<p>The minutes of the previous meeting were confirmed as a true record.</p> <p>MH ran through the actions as detailed within the minutes of the last meeting. Continuing actions are detailed above.</p> <ul style="list-style-type: none"> <li>• Safe Places – SM reported that discussions were planned around opening up the Safe Places scheme to neurodivergent individuals.</li> <li>• Following a request from Fliss Hedge, it had previously been agreed that the Board receive a presentation on the wider work of Cornwall People First (CPF). CPF had submitted apologies for both meetings since then so it was agreed that the item be removed from the list of actions. However, FH had provided the following written update:</li> </ul> <p><b><i>Feedback from SF involvement in ReSPECT project.</i></b></p> <p><i>As part of the Sunflower Project we've established a reference group who have been getting involved in various pieces of research or ways to lead change.</i></p> <p><i>One of these has been a piece of research around Emergency Care and Treatment Plans, called ReSPECT (Recommended Summary Plan for Emergency care and Treatment). This is a form where you write down which treatments Dr's and nurses should give you if you're in a health emergency in the future. Sometimes these are made when someone goes into hospital. This project has been asking people with LD about the process and finding out if they can make the process better for people with a LD.</i></p> <p><i>Research Lead : Dr Amy Russell, Senior Research Fellow, WHO Disability Team.</i></p> <p><i>Focus: Developing tools for Emergency Health Care planning.</i></p>	



*Input: Five online workshops with self-advocates and professionals. £20 voucher 'payment' system for each workshop attended.*

*Range: Discussing Emergency Care Plans and what needs to be included, including End of Life options, DNR, palliative care, importance of inclusion of personal information such as preferences, next of kin etc.*

*Feeding back on the design of answer scales (e.g. one scale was from 'being pain free' at one end to 'trying everything' at the other. Our SF said this was not mutually exclusive and wanted both.*

*Feedback on use of art/drawing to explain feelings.*

*Quotations from SF participants:*

*'We helped them with the 'death' section of the form.'*

*'Really good body map picture to fill in 'about me.'*

*'It will be really helpful if you are rushed to hospital.'*

*'They really wanted to make a difference for people with LD/ASD who are admitted into hospital as an emergency.'*

*'The ER they used was really good and easy to understand.'*

*'We were treated with respect. Like adults.'*

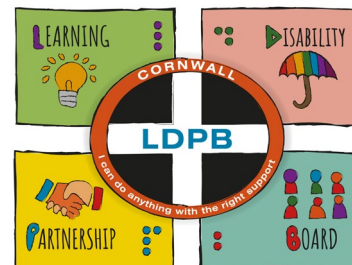
*'They listened.'*

*General feedback: People found it enjoyable and interesting.*

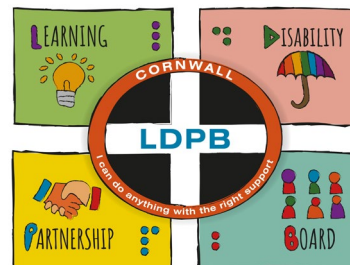
*What happens next? Participants understood that findings would be presented at a conference but did not seem sure about what happens next. They think ECP information may be gathered at annual health checks but were not certain. CPF will feed this back to researchers.*

*People would like to have more choice in terms of the outlets where they can spend their vouchers. Some were for places we don't have in Cornwall and not everyone can do online shopping. People asked if they could have vouchers for supermarkets so they could use them for food shopping as this would be more useful. Someone said he would like to have had*





	<p><i>an Amazon voucher or would like to have been paid with money.</i></p> <p><i>CPF will feed this back to the researchers, but think it is also useful general feedback for others thinking of using the voucher system.</i></p> <p><i>CPF will pass feedback on to researchers and find out about next steps.</i></p> <ul style="list-style-type: none"> <li>• MH continued to chase up the Quality Directorate about the Annual LeDeR Report and when an Easy Read version would be available but had so far not received a response. At the previous meeting, NM had reported that there continued to be issues around accessibility standards but it was expected it would be available soon.</li> </ul>	
<p><b>3.</b></p>	<p><b>Updates from members</b></p>	
	<p><b>Specialist Parenting</b></p> <p>Zoe Lawrence, Specialist Nurse, had provided an update in advance of the meeting, which was relayed and expanded on by KP:</p> <ul style="list-style-type: none"> <li>• Joint Agency Protocol now complete and ready to be shared. The aim was to help other agencies that worked with people with learning disabilities and their parents. Ensuring that agencies linked effectively was key. It was hoped that an easy read version could be prepared.</li> <li>• The service was in the process of delivering 4 training sessions across Cornwall to promote the idea of 'LD Champions', in statutory and voluntary sector organisations. Attended by a wide range of professionals from adult and children's services, the aims were to increase awareness of the service and to encourage people to work in a trauma informed way.</li> <li>• They were in the middle of a service user feedback project, running groups to obtain feedback from parents they had worked with about the service and also LD services in general. The Board agreed that the findings of the project be presented</li> </ul>	



to its meeting in September.

- They also hoped to establish a steering group of parents for specialist parenting and embed a culture of co-production into their service development.
- Following on from focus groups, they had recently started a working group to look at how to provide groups for parents with a learning disability in Cornwall. The working group involved Homestart Kernow, Specialist Parenting, Midwifery and Healthy Cornwall.

### **The CHAMPs**

PO reported that funding had been received to recruit two new CHAMPs. There were currently five male and only two female CHAMPs so it was hoped that at least one new female could join the team.

It was an exciting opportunity for people with learning disabilities and/or autism. Speaking on his own involvement, PO said that it was a fantastic role and an amazing experience. He urged everyone to share the opportunity through their networks.

### **Blue Light Day**

Sgt Flo Linscott had reported that funding was in place for Blue Light Day, which would be held on 5<sup>th</sup> July at The Royal Cornwall Showground, Wadebridge.

*He said, 'It was a joint effort from many generous sources, all of which were involved in last year's event. But huge thanks to Fliss Hedge from Cornwall People First and PC Sarah Treeby from my team for coordinating the finances.'*

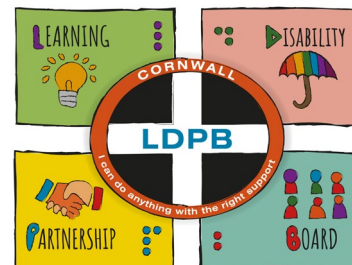
### **Safety and Safeguarding**

WW stressed how important it was for everyone to speak in a way that everyone could understand.

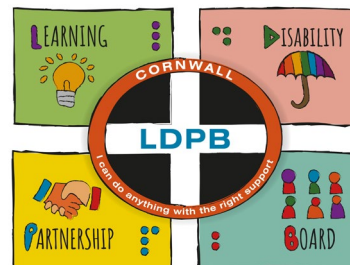
AS said that some people understood the difference between right and wrong but they struggled in other areas. Safety was the key to helping people to feel happy. That meant everything, for example,

September agenda item.





	<p>from road safety to making sure that buildings were accessible and had appropriate signage. WW agreed and added that's why it was so important that people were not rude to one another. Board members all agreed that ensuring safety should be considered in everything we do.</p> <p><b>National Epilepsy Awareness Week</b></p> <p>Members were made aware that it was currently National Epilepsy Awareness Week.</p>	
<p><b>4</b></p>	<p><b>The Learning Disability Partnership Facilitator Project</b></p>	
	<p>DH introduced the new Learning Disability Partnership Facilitator project. Before speaking about it, she gave a trigger warning that she would be referencing domestic abuse and domestic violence.</p> <p>The Board received a presentation in accessible format, attached as an Appendix to the easy read version of these minutes.</p> <p>The following information had been shared in advance of the meeting:</p> <p><i>The current system of support for domestic abuse and sexual violence is failing to reach victims and survivors with learning disabilities. This group of people are known to be at a high risk of Domestic Abuse and Sexual Violence. This is why a group of lead commissioners in domestic abuse and sexual violence services from Cornwall Council, Devon County Council, Plymouth City Council and Torbay Council are working together to improve the system of support across the southwest peninsula.</i></p> <p><i>They know that people with learning disabilities are underrepresented in the specialist domestic abuse and sexual violence services, and that they need to look at different approaches to provide inclusive support. The stigma and discrimination for people with learning disabilities is high, meaning that they either do not or cannot access services or if they do seek help they do not receive good quality, non-judgmental care and support.</i></p>	



*They have therefore commissioned The Women’s Centre Cornwall to lead a new piece of work: the Learning Disability Partnership Facilitator Project. We will be working with Domestic Abuse and Sexual Violence (DASV) Services to support them to improve their confidence and skills in supporting people with learning disabilities.*

*We also will reach out to work with specialist Learning Disability organisation’s to help them to raise their awareness of domestic abuse and sexual violence so that they can support disclosures, and also better recognise that some behaviors may be occurring as a result of abuse and so make sensitive inquiries; and then to help people with learning disabilities to access support from specialist DASV services. Plus working together with services to understand how to continue to work with the person through the support journey.*

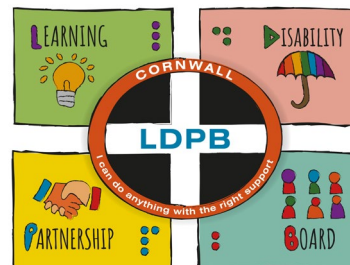
**Specific Outputs include:**

- 1. the provision of training programmes for DASV specialists and Learning Disability specialists;*
- 2. the development of accessible practice (communication, risk, safety planning, etc) tools; and*
- 3. a specialist referral pathway into Domestic Abuse services and Sexual Violence for services working with people affected by DASV with learning disabilities.*

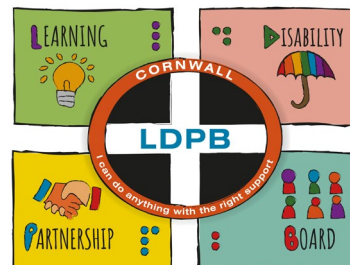
**Intended Outcomes:**

- 1. We aim to upskill the workforce so that DASV services and specialist Learning Disability services understand how people with learning disabilities experience domestic abuse and know how to communicate with victims of domestic abuse with learning disabilities and have a range of tools to support this.*
- 2. Improved connectivity between all agencies working with people with learning disabilities who experience domestic abuse including clear and well published pathways into services.*

*As the Partnership Facilitator we wish to understand what the*



	<p><i>current gaps are and develop some co-produced solutions. A key part of this learning will be supported by the DIVAS who are a group of women who are peer educators. They are women with learning disabilities who have experienced DASV. They are skilled trainers and will ensure that all developments are accessible and meet their needs and the needs of others who are experiencing or who have experienced abuse.</i></p> <p><i>We want to work with local organisations to facilitate partnership working across the DASV and Learning Disability system covering Devon and Cornwall, reducing fragmentation and increasing access to DASV services. With all organisations feeling confident in identifying and responding to the needs of victims and survivors of domestic abuse who have learning disabilities.</i></p> <p><i>I very much look forwards to meeting you and talking about the issues and opportunities that this project can address and so deliver a better experience for people with learning disabilities who are experiencing or have experienced abuse.</i></p> <p>DH emphasised that the project was open to all genders, anyone could be the victim of domestic abuse and sexual violence and it was not something to be frightened or ashamed to speak about. She was very flexible in how conversations could be structured, with the needs of the individual being her priority.</p> <p>The Board thanked DH for her presentation.</p>	
<p><b>5</b></p>	<p><b>Update on Developing the Partnership Board</b></p>	
	<p>SE, Chief Executive, LD England gave an update on the work of the Partnership Board’s Leadership Group, a small group of experts with lived experience that were developing proposals to enable the Board to be as effective as possible.</p> <p>At the last Board meeting, SE had led members in focussing upon:</p> <ol style="list-style-type: none"> <li>1. What has been good about the Partnership Board so far?</li> <li>2. How can the Board make a difference?</li> <li>3. How can the Board stay connected and be part of the Bigger</li> </ol>	



Picture?

Since then, SE had led engagement through the creation of a pack then enabled conversations to be had within groups and SE had led a group herself, with another one planned. There was also an accessible survey open to all, both online and in paper format if requested.

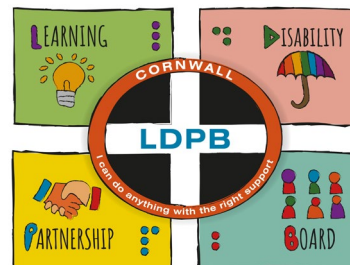
SE encouraged more people to consider the packs and to complete the survey. Alternatively, they could contact her direct at [Samantha.Clark@LDEngland.org.uk](mailto:Samantha.Clark@LDEngland.org.uk). She also urged members to share details through their networks.

The plan was for the Leadership Group to meet at least two more times, with a view to presenting findings and proposals to the September meeting of the Board. It could be that the Group may wish to run ideas by the wider Board in advance of that. If so, the Partnership Boards team would email out to all members. The deadline for responses was 12<sup>th</sup> June.

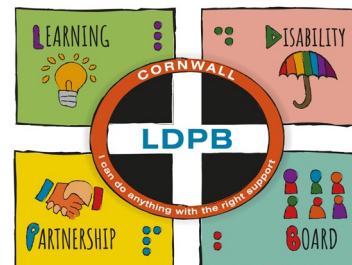
It was agreed that SE collate the responses and suggestions so that they could be considered by the Leadership Group.

MH reported that the Partnership Boards Team and Commissioners had spoken recently about the need to appoint a Co-Chair with lived experience. SE said that the matter had also been discussed within the Leadership Group and was expected to be included within proposals. Once the review of the Board was agreed upon, role specifications could be drawn up.

JP asked if the Co-Chair role would be a paid position. KH said that they were seeking to make it a paid role. The reason for highlighting intentions prior to the conclusion of the review was to speed up the process. It was clear that the Board was in agreement that a Co-Chair with lived experience should be a key role moving forward so KH could now liaise with HR with regard to the recruitment process and remuneration. It should be noted though that the Board may decide that the best way to appoint a Co-Chair would be through election rather than recruitment. Whatever process was agreed upon, Cornwall Council would ensure that appropriate support was given to anyone interested in

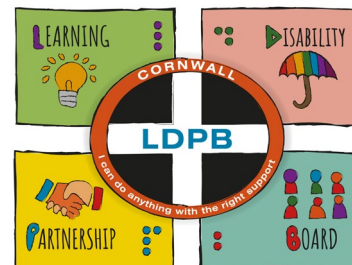


	<p>the role.</p> <p>AW suggested that for some, taking on a paid role would negatively affect their benefits so vouchers could be alternative option. KH said that all options would be looked into.</p> <p>The Chair said that she very much looked forward to having a Co-Chair and encouraged members with lived experience to think about if they were interested in the role. It was both a fun and very important position.</p>	
<p><b>6</b></p>	<p><b>Break</b></p>	
	<p>The Board had a 10 minute comfort break.</p>	
<p><b>7</b></p>	<p><b>Health Update</b></p>	
	<p>NM reported that there was still an intention for the NHS and Cornwall Council to jointly develop a <b>Learning Disability Strategy</b>. To enable that, they needed information around the LD population within Cornwall.</p> <p>Public Health were undertaking a Joint Strategic Needs Assessment, which would look at, for example, how many people there were with learning disabilities, where they lived, how many had jobs and how many were having health checks. That would enable them to identify and feed back on where the areas of need were and what needed to be addressed. That was expected by July. The <b>Making Good Change Happen</b> work, which the Board had and continues to be involved in, would also provide great information to inform the Strategy.</p> <p>NM had written a project plan, which was currently with the Council for approval. It was expected that the Council would work directly with the Partnership Board in the development of the Strategy and it was likely that the Seven Keys to Citizenship model would be followed, as it had for the Making Good Change Happen work.</p> <p>The Chair asked how far the work would have progressed by the Board's 30<sup>th</sup> November meeting. NM anticipated that a draft Strategy would be available for consideration by then.</p>	



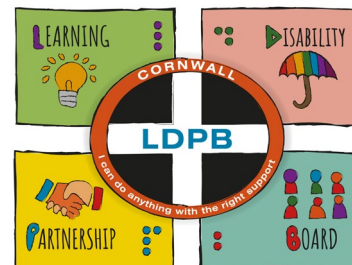
<p>NM suggested that Public Health be invited to join the next Board's next meeting to detail its engagement process.</p> <p>The Team continued to work hard to increase uptake of <b>Annual Health Checks</b>. NHS England's current target was 75%. The latest figures showed that 70.7% of people in Cornwall with a learning disability had received an Annual Health Check and 69% had a Health Action Plan. The 70.7% uptake still meant that Cornwall was the lowest performing region in the South West but the 8% increase was positive.</p> <p>There were currently two people in out of county hospitals, both of whom had plans to return to Cornwall within the year. There were also six people in secure care out of county. All had plans in place, with three due to be discharged within the next six months. Cornwall was performing very well to ensure that people were not being placed out of county. In response to a question from the Chair, NM said that the placement furthest from Cornwall was approximately six hours away by car.</p> <p>SW had recently attended a meeting regarding constipation and use of over the counter laxatives. She said that their usage was widespread and suggested that questions on the matter should be added to the Annual Health Check. NM said that it was important to capture such suggestions but changing the Cardiff Healthcare template could be challenging. SE said that a question regarding over the counter medication was included within the template. SW said that parent carers were not aware of the questions that would be asked of them during the Check and suggested that more could be done in advance to help them to prepare. A CFT attendee said that some surgeries had produced easy read versions of the template and some sent templates out in advance of appointments.</p> <p>AW said that from her experience, Annual Health Checks took the form of a general conversation rather than a list of questions. Whether or not that was then converted into responses to the pre-set questions she didn't know. NM said that the question was whether or not the Cardiff Checklist was being completed. The challenge for Primary Care Commissioning was to not only</p>	<p>Invite Public Health to next meeting</p>
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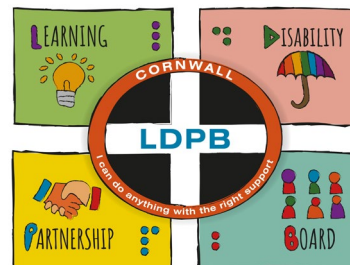


<p>increase uptake but also to ensure that standards were adhered to countywide. He added that there was a Primary Care Liaison Team that also had two nurses that were dedicated to the five main national screening programmes, including cancer. Their job was to ensure that people with learning disabilities were getting access to screening and they had been successful in achieving a screening rate higher than that for the general population. AW stressed the need for every surgery to achieve appropriate quality standards for Health Checks.</p> <p>She had also brought up the issue of constipation, which was a difficult matter for people to express but could be a fatal condition for people with learning disabilities, as there was a six month waiting list to see a bowel specialist. Wider issues, such as the safety of using laxatives regularly, also needed to be considered in order for advice to be provided and for parent carers to be reassured that they are following best practice. SE responded, stating that constipation would remain a priority for the LeDer Annual Report for the next year.</p> <p>AW felt that greater physical examinations should be carried out, such as breast checks. She asked what the protocol was and if the level of service was dependent upon the GP surgery undertaking the Check. SE said that breast checks would not be undertaken as part of an Annual Health Check. A separate appointment would be required if an issue was identified. AW countered that people with a learning disability may not know that they should be regularly checking themselves or able to do so. That meant that screening was vital to ensure that issues were picked up at an early stage. NM said that screening calls were age-based for the whole population. MJ would share a leaflet with the PB Team detailing the services provided by the Screening Liaison Nurse team.</p> <p>Training was still being offered on what a learning disability is, as was education on the reasonable adjustments that could be made for an individual undertaking a Health Check.</p> <p>SM would share the Annual Health Check template with the PB Team for circulation to the Board.</p> <p>PJ asked about screening for testicular cancer. Personal checks</p>	<p>Circulate leaflet to Board.</p> <p>Circulate template to Board.</p>
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	<p>could be difficult for family members to undertake. SE said that there was not a national testicular screening programme. Easy read information about what to look for was available.</p>	
<p><b>8</b></p>	<p><b>Adult Social Care Updates</b></p>	
	<p>KH provided a presentation on some of the current work of Adult Social Care, attached as an Appendix.</p> <p>Members were urged to complete the <b>Home Care Engagement</b> survey. Links to the Let's Talk Cornwall website were in the Appendix.</p> <p>At the last meeting, Antony Bell-Thorn spoke about the formation of the <b>Personalisation Working Group</b>, which looked at, for example, <b>Direct Payments</b> and <b>Individual Service Funds</b>. SW said that it was correct that the Council had listened to the Board and included reconsideration of the Direct Payments Policy within the process.</p> <p>Cornwall Council was committed to identifying roles across the Council that would be advertised specifically for people with learning disabilities. Details of vacancies would be shared with the PB Team for circulation and anyone interested could be supported through the application process by employment coaches.</p> <p>PO said that it was great that the Council were identifying such positions but it was important that they were tailored for people with learning disabilities. Preparation was necessary to identify additional needs and adjustments to be made. Following appointments, inductions were vital for understanding and being able to make responsibilities clear. That required training for the staff that lead on the induction process. AS agreed with PO and added that identifying physical disabilities was very important. WW said that the safety of the individual was most important.</p> <p>KH reassured that the Council was taking learning from previous employments. Specific role profiles would be drawn up that would recognise necessary adjustments and flexibilities. The roles would be advertised solely for people with learning disabilities, from a</p>	<p>Share vacancies as available.</p>



position of positive discrimination. She invited PO to speak with her about his experiences of the induction process with a view to learning and improving it.

DH said that it was great that the Council was developing such roles. Having supported people through the application process, she felt that improving and simplifying that was a key component. Once in the role, the opportunity for continual learning and achieving certificates was essential. Peer learning and educational attainment were great in building confidence.

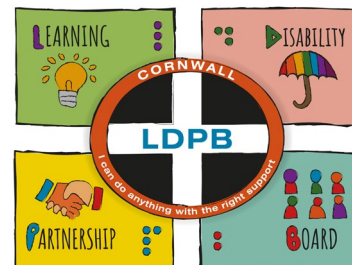
DH cited the lack of support available for people that wanted to undertake Oliver McGowan training as an example of where improvement was required. Support needed to include, ie, transport and physical assistance on site.

HJ said that he had jobs with both the Police and Tesco. It had been important that the roles had been explained to him in ways that he could understand.

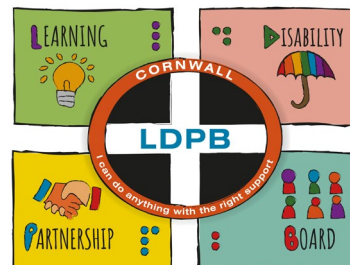
AW asked how the Council would ensure that vacancies were seen by and open to applicants facing digital poverty. KH said that paper applications were available. Positions would be advertised on the website but links would be sent to support providers to encourage them to promote them to those they support, they would be circulated through the Partnership Boards and also potentially through social media.

The Chair cited the example of people being employed into Proper Job roles being unable to get to New County Hall due to DWP funding for transport being delayed. JC acknowledged the issues referenced by the Chair. The original estimate was that once someone had a start date, transport could be available within two weeks. However, the person needing travel is required to obtain three quotes from local taxi firms, which would likely require support for the individual. The Access to Work team is not required to seek quotes on behalf of the individual. In response to a question from PJ, JC confirmed that travel costs were provided for paid roles only and not volunteer roles.

DB asked if Access to Work covered train fares to paid



	<p>employment. JC said that it did. The three quotes could cover the difference between taxi, bus and rail costs. It was possible that the individual may be required to pay up to 25p per mile themselves but not the full cost.</p>	
<p><b>9</b></p>	<p><b>Any other business</b></p>	
	<p><b>Cost of Living</b></p> <p>Christopher Burns had submitted apologies but had emailed the following matter for consideration:</p> <p><i>A report done by the University of Bristol has uncovered that the risk of homelessness which someone with a disability faces has gone up by 73% . 32% of the disability population live in poverty in the U.K. Also it has been claimed that data is not being gathered on how many of the homelessness population have got a disability (I know speaking with Shelter in Plymouth that keeping a roof over your head is a problem for autism).</i></p> <p><i>Also can we ask precisely what social prescribers remit are as the one for the Rame peninsula is leaving her post. (she is very good social prescriber). Are social prescribers just another Avenue for signposting?</i></p> <p>Susan Joseph, Strategic Commissioner for Learning Disability and Autism, had provided the following information:</p> <p><i>The Council has a web page <a href="#">Cost of living support for rising energy costs - Cornwall Council</a>.</i></p> <p><i>There is also the Household support fund which is a one off cash payment to help with increased cost of living, payment of £160 to pensioners in receipt of pension credit and other vulnerable adults. First payment in £80 in June and second in November 2023 (do not need to apply). Residents can also contact Citizen Advice Cornwall on 0800 144 848, Disability Cornwall – 01736 759500 or email <a href="mailto:advice@dialcornwall.org.uk">advice@dialcornwall.org.uk</a> and unpaid carers to contact carers service <a href="http://cornwallcarers.org.uk">cornwallcarers.org.uk</a> – 01736 756655.</i></p>	



KH added that if any further support was required she would be happy for people to contact her for assistance.

### **Positive Approach**

WW said that how the Board brought professional people together with people with learning disabilities really helped them to understand each other and work together. It was very difficult for some people that did not have that support and everyone needed to help to make their lives easier. AS said that people with disabilities faced challenges but they could bring 100% commitment to everything they did. Society just needed to give people opportunities.

### **Transition to Adulthood**

JP said that Cornwall Partners in Policymaking had seen a rise in families raising issues around the transitional period from young person to adulthood. She asked how the Board links in with children and young people's LD services.

The Chair replied that the current review of the Board was likely to identify such links as being necessary. MH added that the development of an LD Strategy would help to clarify.

### **Future Meetings**

The next meeting would be held at 10:30am on Thursday, 7 September 2023, venue to be confirmed.

Members expressed a preference for either a central location, in or around Truro, or Bodmin.

# Adult Social Care Update

Learning Disability Partnership Board – 25 May 2023

1

## Home Care Engagement Survey

- 'Have Your Say' on Let's Talk Cornwall
- Invite everyone to have a view, including care providers and residents – what is important to people.
- [Residents urged to have their say on how care is delivered at home - Cornwall Council](#)
- [Care and support at home | Let's Talk Cornwall](#)

2

## Personalisation Working Group

- Any type of support that enables you to have better control over how you want to spend your personal budget
- For example, Direct Payments, Individual Service Funds.
- Help commissioners to develop more ways to provide you with that support
- [Antony.Bell-Thorn@cornwall.gov.uk](mailto:Antony.Bell-Thorn@cornwall.gov.uk) :
- 26 June 2023, 1<sup>st</sup> Meeting of the Working Group

3

## Support With Employment

- Build on the success of great teams like Proper Job and the Champs
- Creating employment opportunities for everyone
- We will circulate the links to any job adverts to the Partnership Boards
- Support with application and interview process

4