



Learning Disability Professional Senate

Minutes of the Meeting held on Monday 1st June 2020 Via Teams

1. Attendees

Name	Profession
Karen Dodd	BPS & Co-Chair
Ashok Roy	Royal College of Psychiatrists and Co Chair
Sandy Bering	NHS Commissioners
Viki Baker	Royal College of Speech & Language Therapists
Dave Brandford	NHSE
Briony Caffrey	British Diabetic Association
Patricia Churchill	NHSE Cumbria
Viv Cooper	Challenging Behaviour Foundation
Ken Courtenay	Royal College of Psychiatrists
Jo Dwyer	College of Occupational Therapists
Gyles Glover	PHE
Heather Hanna	Northern Ireland rep
Paula Hopes	Wales rep
Tom Jackson	
Kirsten Lamb	Royal College of General Practitioners
Martha Laxton Kane	Child LD Network BPS
Isla McGlade	Scotland representative
Ciaran Mulholland	NI Trauma network
Mahesh Odiyoor	ODN
Nicola Power	
Paul Swinghurst	
Siobhan Rogan	NI rep
Wendy Ruck	Arts Therapy representative
Allan Skelly	BPS Representative
Jenny Tinkler	College of Physiotherapists
Caroline Wills	

2. APOLOGIES:

Name	Profession
Roger Banks	NHSE/I
Kevin Elliott	NHSE
Vikki Ford-Powell	NHS Cumbria
Sue Fox	NHSE Midlands & East
Simon Froud	ADASS
Sue Gale	LGA
Donna Glover	PHE
Ann Norman	RCN
David Wheatcroft	

3	Minutes from 2nd March 2020 The minutes were agreed as correct.	
4	Action Log	
4.1	<p>The Action log was updated and is attached.</p> <ul style="list-style-type: none"> • Action: Karen to write to Dave Nuttall and Ray James re Autism Strategy. Autism is one of 3 major areas of concern for more urgent action – alongside CAMHS and Eating Disorders • STOMP - Dave Brandford retires from NHSE this week. Karen thanked Dave on behalf of the Senate STOMP seems to have dropped off the agenda, but there is work to review STOMP. There will be a STOMP team but will take a more regional approach. The other main issue Primary Care Network Pharmacists are not under the CCG Pharmacists – so introduced another level of complexity. Karen to write to Nicola Easey and Roger Banks re a future STOMP rep for the LD Senate. • QNLD – deferred to a future meeting. Training for peer reviewers is happening 2.6.2020 • 	Attached
5	New Items	
5.1	<p>Northern Ireland Trauma Network – Ciaran Mulholland Ciaran reported on the work of the Regional Trauma Network that originally was set up to respond to issues of the Northern Ireland conflicts.</p> <ul style="list-style-type: none"> • People who had experienced trauma were not well served by services. It was set up as an Intergovernmental agreement across statutory and community settings. • Couldn't exclude other forms of trauma • Had to be for everyone – all ages and programmes of care • Developed slowly and was in abeyance because of cessation of the devolved government • Now restarting. • Stressed the importance of trauma principles and concept with staff teams to understand and use a trauma informed approach. • Sandy talked about the response to the Manchester Arena bombings work which has been expanded in response to Covid. • How does this overlap with multiple life events? • Can we set up a Community of Practice? • Need to build resilience and recognise Post traumatic growth. Therapy at the wrong time can cause more harm than good. Most people need scaffolding to reassure and support after a trauma. 	

	<ul style="list-style-type: none"> • Tom Jackson - impact of developmental trauma 14 – 25 years of age • Martha – The BPS has produced a Covid briefing on Psychological responses to trauma. https://www.bps.org.uk/sites/www.bps.org.uk/files/News/News%20-%20Files/Psychological%20needs%20of%20healthcare%20staff.pdf <p>ACTION: Consider whether LD Senate should do something more re Trauma following on from last year’s conference</p>	ALL
5.2	<p>Impact of Coronavirus on People with LD and Families</p> <p>Viv opened the discussion, and reported:</p> <ul style="list-style-type: none"> • that there are multiple impacts on families – either for those families where the person is at home and other services are shut, or where the person is in another care setting and they have not been able to visit. • Lack of investment in families – always the fallback position • How do we support families and invest in them • More difficult as it goes on • Experience is varied • The CBF is recording learning – asking what has worked. Action: ALL to send information to Viv. <p>Other issues raised included:</p> <ul style="list-style-type: none"> • Multiple life events • Isolation • Positive practice on checking with families • More engagement in activities – Jo talked about delivering activity packs to people with LD • Increase in number of deaths • Increase in fear about contacting health services. General Practice has changed out of all recognition – relies on IT capability of People with LD and Families • Increase in Creativity <p>NB Need to ensure that we listen to what families say they need, not what we thing that they said.</p>	ALL
5.3	<ul style="list-style-type: none"> • Role of Senate and moving to a ‘new normal’ • Ashok went through the slides that he sent earlier in the day, and started a discussion. • Issues: <ul style="list-style-type: none"> • STOMP agenda needs to be back on the agenda • Face to Face trauma informed care will be difficult in the short term • People are doing better because less transitions • Need training for staff based on Core Competenciies • Need for good risk stratification process • SLT – doing work on remote assessment • Social Care staff not mentioned much • Need to think about effect on professionals too • Gyles – is looking into research re medication and whether this has increased during the Covid pandemic. Data services are not quick enough to tell us what is happening. • BPS have issued guidance re psychological practice https://www.bps.org.uk/coronavirus-resources/professional/psychological-needs-learning-disabilities <p>Advice to members not to do IQ assessments digitally.</p>	

	<p>Kirsten – talked about impact on General Practice</p> <ul style="list-style-type: none"> Concerns about giving advice re shielding to peer GPs. Discussed in group. Advice in Herts given for GPs to review their learning disability registers and suggest shielding of those who are PEG/NG fed, history of rct aspiration pneumonia or rpt hospital admission with chest infections, serious postural problems eg no sitting balance/severe scoliosis that increase risk around aspiration. There was debate about whether epilepsy should be included or not. These were entirely pragmatic decisions Further information re risk of severe Covid in LD population needed as well as Covid death rates and excess non Covid death rates. Annual Health checks – serious concern from group of GPs on SIG that no guidance forthcoming from NHS England. Only guidance was that health checks should happen. Feeling that this was a missed opportunity for proactive review of those most at risk as is being advised for the elderly population. This could have included emergency planning, Grab and Go sheets, re-evaluation of hospital passports and if appropriate having the difficult conversation about benefits or otherwise of being admitted to ITU for any individual. As a result risk of real hotch potch of offer. Some will be calling people in to surgeries despite infection risk. Others will be performing a simple phone conversation. No guidance about what will be reimbursed as a health check according to the DES. No rewriting of DES spec which requires examination. No guidance given about the QI Domain. Fears that it will be crammed into the 2nd half of the year and therefore make little impact – a lost opportunity. Discussion about remote consulting for people with a learning disability and difficulty assessing capacity to cope with remote consulting. No evidence available re what works. Acceptability of process is not the same as proven effectiveness of the process. General practice has become 95% phone triage – what impact is this having on people? Has there been less consulting for routine health problems? Are medical issues being missed? Are people afraid of entering surgeries because of risk of infection? What will GP world be like after this and what impact will that have on primary care of people with a LD? Health passports and Grab and Go – My Health App being piloted in Herts – to have demo at our next meeting. They have evidence of improving outcomes for people as they are simply better understood. Question about whether video clip of ‘me at my best’ could appear on Reasonable Adjustment Flag. Enhances need for LD physician understanding the physical health needs, risk stratification re physical health etc. and giving guidance to CCGs/ICS etc re needs of people with LD in primary care 	
<p>5.4</p>	<p>Whorlton Hall review of CQC</p> <p>Ken introduced this item by reminding members that yesterday was the 9th anniversary of Winterbourne View.</p> <p>Issues</p> <ul style="list-style-type: none"> There is concern re children coming through the system No fundamental change in culture Will anything have changed in another 9 years? No huge commitment from NHSE Paul reported that they had taken 3 people from Whorlton Hall. All had 	

	<p>complex needs and care couldn't be found/ afforded within their local area. Greater investment is needed. We need to lobby.</p> <ul style="list-style-type: none"> • Need to build better relationships with University training courses so that professionals have heightened awareness of people with LD • Reports all say the same – recommendations don't change and there is limited response • Need to identify a new CQC rep. Also no further information on CQC review of people in seclusion and segregation that was due out in March. • Need to consider greater investment in the workforce • Sandy reminded us that 80% of the people in hospital at the time of Winterbourne View have moved out, <u>but they have been replaced by others.</u> • Failure to invest in social care • Need structures to keep the workforce supported <p>Trauma – need to strengthen community teams with a massive additional investments. There are not enough highly skilled bespoke packages of care. Need to have targets re levels of investment.</p> <p>Senate</p> <ul style="list-style-type: none"> • needs to step up a bit more and have a greater voice – e.g. Twitter • needs to be more ambitious and hold NHSE/ DHSC to account • Need a vision • Need more support in both Houses of Parliament • Need to have more Family voices • Need a Senate Action Plan – what do we expect to happen <p>Action: Agreed that we need to review the LD Senate ToR and develop an Action Plan - see attached Chat Transcript for further details. People felt that we need to stay cohesive as a National Senate. Further discussion at next meeting.</p>	Attached
6	<p>AOB</p> <p>Likely that September meeting will also be via Teams. Need to ensure that we make time for new items that were deferred from today.</p>	KD/AR
7	<p>Dates for LD Professional Senate meetings 2020</p> <p>Monday 7th September 2020 – College of Occupational Therapists</p> <p>Monday 7th December 2020 – To be confirmed</p>	