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**Learning Disability**

**Professional Senate**

**Learning Disability Professional Senate**

**Via MS Teams**

**Minutes of the Meeting held on Monday 5th September 2022**

1. **Attendees**

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| **Name** | **Profession** |
| Ashok Roy | Royal College of Psychiatrists and Co-Chair |
| Karen Dodd | BPS & Co-Chair |
| Viki Baker | RCSLT |
| Jonathan Beebee | RCN |
| Sandy Bering | NHS Commissioners |
| Briony Caffrey | British Dietetic Association |
| Graham Carr | NHSE/I South West |
| Viv Cooper | Challenging Behaviour Foundation |
| Sophie Doswell | BPS |
| Jo Dwyer | College of OT rep |
| Dave Gerrard | NHSE STOMP STAMP |
| Heather Hanna | Northern Ireland |
| Nick Harrison | NHSE Midlands |
| Susan Hastewell Gibbs | NHSE/I North West |
| Lorna Johnston | Scotland |
| Martha Kaxton Lane | BPS CYP LD network |
| Lynette Kennedy | Nurse Consultant Network |
| Suzanne Kinross | Scotland |
| Kirsten Lamb | Royal College of General Practitioners |
| Jane Lester Bourne | Arts Therapy rep |
| Isla McGlade | Scotland rep |
| Patrick McNally | University of Ulster |
| David Nuttall | DHSC |
| Mahesh Odiyoor | North West ODN |
| Kate Oulton | Great Ormond Street |
| Heidi Peakman | Consultant Opthalmologist |
| Siobhan Regan | NI |
| Vicky Romilly | RCSLT |
| Marion Rutherford | Scotland |
| Indermeet Sawhney | RCPsych |
| Claire Scott | NHSE Midlands |
| Carl Shaw | NHSE |
| Sarah Swindells | Dimensions |
| Ailsa Watson | NHSE STAMP STOMP |
| Ruth Wyn Williams | Wales |
| Margaret Young | BASW |

1. **APOLOGIES:**

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| Roger Banks | **NHSE/I** |
| Madeline Cooper Ueki | NDTi |
| Anne Worral Davis | NHSE |
| Samantha Harker | BASW |
| Sharon Harvey |  |
| Deborah Ivanova | CQC |
| Julia King | NHSE/I |
| Katherine Petersen | GP |
| Nicola Power | Arts Therapies |
| Lisa Proctor | HEE |
| Niggett Saleem | NHSE |
| Lisa Shepherd | MoJ |

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| **3** | **Minutes from Meeting held on the 06/06/2022**  The minutes were agreed as a true record. | |
| **4** | **Action Log** |  |
|  | The Action log was updated and is attached. | **Attached** |

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| **5** | **National Updates** |  |
| **5.1** | **Policy related updates David Nuttall (DHSC)**   * Call for evidence for Down Syndrome Act and will cover services, best practice, relationship between Down Syndrome and other forms of Learning Disability – 16-week consultation closes in November 2022 * Mandatory training in Learning Disability and Autism came into the Health and Care Act from July 2022. The Code of Practice is now being developed and will be consulted on before full implementation * Building the Right Support (BtRS) has been published in July 2022 along with Action Plan, Commitments and Implementation Guides including Easy read versions. Accountability for delivery is with BtRS Board which brings together all Government departments. * DHSC has responded to Select Committee report * The draft Mental Health Act Bill was published in June 2022 accompanied by Explanatory Notes. Key areas include changes to Section 3 for people with Learning Disability and autistic people, duties to manage a Dynamic Support Register, the need for adequate community support and CETR recommendations achieving statutory status   Q/A   * Timescales of mandatory LD/A training – Legislative requirement for training has appeared before the national training programme is fully ready. Training capacity is being enhanced and will be ready in a few months * Concerns about adequate representation of children’s services and personnel in the training programme: DN will provide clarification after checking with NHSE and HEE. * Safe and Well being reviews update – draft publication drawn from Regional actions being fed into CETR guidance * Mental Capacity Act Code of Practice awaited: DN will clarify details of timing |  |
| **5.2** | **Building the Right Support (BtRS) Linsey Martin BtRS Policy lead DHSC**  The Senate welcomed LM who has commenced in this role recently.   * Concern was expressed about the term mental health hospitals as distinct from learning disability hospitals. It was noted that many autistic people are accessing mainstream mental health services and this population needs to be better served. The broader term is felt to be more useful to achieve this. * There needs greater clarity as to who is accountable for physical health of autistic people and people with LD especially for inpatients. * Insufficient emphasis on prevention and early intervention * The BtRS timescales and outcomes are not SMART   The Senate had the following comments on the BtRS commitments   * Advocacy needs to take account of communication needs of individuals * CTR panels need more training to improve the quality of their recommendations. Responsible Clinicians need to be held more accountable for following recommendations * Accountability for physical health to be strengthened * Lack of consistency in the definition of Long-Term Segregation as it is a legal term and not a clinical term * People from outside England placed in English hospitals are not eligible for CETRs * Lack of funding for long term posts at all levels which need to follow on short term initiatives * There is a lack of focus on the outcomes   **Action: ALL to send comments to Karen who will collate and send before the BtRS Stakeholder group meeting.** | **ALL** |
| **6.0** | **New Items** |  |
| **6.1** | **Trauma informed Care framework for adults with Learning Disability in residential care/ supported living - Patrick McNally**  The framework originates from clinical practice. Patrick provided four basic assumptions and principles – recognition, responding, safety in relationships, voice and choice.  Literature review revealed that the origin of trauma was the disability itself – being subject to abuse. Some treatments have been developed by modifying existing approaches e.g. CBT and EMDR.  A service survey showed that staff did not feel confident to offer specific support as there was little training available.  Coproduction was at an early stage and liaison with service managers and practitioners was a priority  The key actions included organisational change, workforce training and development and delivery of trauma informed care.  **Action: Patrick will send the LD Senate the finalised framework document when completed.** | **Attached**  **Patrick** |
| **6.2** | **Treatment of children in Ukrainian services – Margaret Young/Ruth Wynn Williams**  Concern was expressed about the plight of children with disabilities living in institutions in Ukraine. BASW is in contact with the International Federation of Social Workers (IFSW).  There is a group set up in Wales with strong links with Ukraine. RWW has visited some of the orphanages in Ukraine where she found 52 children living in facilities originally intended for 10 children. Input needs to be both at strategic and local levels. Links with trauma informed care were essential.  Need to recognise that this is not just as a result of the Ukraine invasion, and that other countries have similar issues.  **Action – Professionals are encouraged to work with their national and international networks. To put on agenda for next meeting.** | **ALL** |
| **6.3** | **STOMP/STAMP update – Dave Gerrard/ Carl Shaw** |  |
| **6.3** | **Dave Gerrard**  STOMP/STAMP has moved from being a call for action and its associated pledges of Support to being part of the NHS Long Term Plan. Some of the issues are lack of awareness of people with Learning Disability/ Autism, not feeling involved in medication related decisions, looking at alternatives to medication such as social prescribing.  The emphasis is moving to STOMP/STAMP being viewed as part of reducing health inequalities and health improvement including access to PBS and improving lifestyles  Current trends are a reduction in the overall prescribing of antipsychotics and a slight increase in the use of antidepressants and benzodiazepines. The priorities for the future include building communities of practice and to use the Future NHS Collaborative Platform for communicating about STOMP/STAMP  **Carl Shaw**  Carl provided a list of initiatives that are ongoing or have been completed   * Work with different ethnic groups for which a leaflet is now available (Dr Hassan Mahmood led on this work) * Working with NAS by conducting workshops to create a resource for autistic people * 6 training modules with Health Education England and MindEd * Partnerships with Learning Disability England, families, Challenging Behaviour Foundation (CBF), primary care pharmacists   **Action: ALL to review resources, workforce development, coproduction**  Heather Hanna reported that Bethanne presented about STOMP/STAMP from a BPS child & adolescent perspective at last meeting. I agreed to meet her as CAIDPN vice chair and feedback to senate. We had a very productive meeting a few weeks ago and have agreed that next year’s CAIDPN conference will be hosted jointly with BPS to look at topics related to this subject. | **Attached**  **ALL** |
| **7.** | **Updates** |  |
| **7.1** | **Complex Continuing Care (Locked rehab) Mahesh Odiyoor/ Sandy Bering**  There are five workstreams which are considering this issue. These include   * Literature review * Community standards * Quality standards * Data * Outcomes   A draft set of quality standards is with QNLD and will be going out for consultation.  There are a series of workshops planned re Outcome measures.  **Action: Final documents to come to December Senate** | **MO to update at next meeting** |
| **7.2** | **Clinical Contracts – (Ken Courtenay)**  Deferred |  |
| **7.3** | **Update re What to do If document – Viki Baker**  VB reported on the work of the working group, and showed the draft document.  This initiative arose as a response to the “closed culture” evident in some institutions as reported by the CQC following Whorlton Hall. It simplifies the course of action that professionals can take if abuse or malpractice is suspected in services.  The document is seen to be useful from the CBF perspective as it is a situation has been regularly encountered by families. **Action: Viv will talk to Viki about whether there need to be a separate document for families.** There needs to be greater collaboration between families and professionals.  There was a discussion about where this document should be hosted. Could it be built in to NHS England Ask, Listen, Do; Skills for Care, CQC; Mencap, Learning Disabilities England.  **Action: Jonathan Beebee to follow up with Mary Busk from NHSE; Susan Hastewell will also raise with NHSE re units of concern.**  **Finalised document to be brought to December meeting.** | **Viv and Viki**  **Jonathan**  **Susan** |
| **7.4** | **QNLD – Karen Dodd**  QNLD has been very busy as there have been a large number of inpatient services going through peer review. |  |
| **7.5** | **CQC – Ken Courtenay**  Deferred |  |
| **7.6** | **Proposed LD Senate conference**  Deferred to the next meeting. |  |
| **7.7** | **Autism position Statement -** Martha Kaxton Lane  There have been concerns about autistic people and people with LD being grouped together in service planning and workforce development. This prompted the identification of the following issues.   * Identification – The process of assessment and identification of the two conditions is different * Prevalence – Populations are very different and the numbers of people with both conditions is relatively small. * Needs – The overlap of needs is minimal, and the coexisting conditions are different for the two groups. * Interventions – Some overlap of interventions especially about environmental modifications and with communication approaches but several non-overlapping areas with different priorities   Actions for authors:   * Epidemiology needs to be verified as differing figures were put forward * Further exploration of the role of EbEs in the two groups * Children vs adults representation   **Action: Paper to be circulated and ALL to comment to Martha.**  **Finalised document to be brought back to December meeting.** |  |
| **8.** | **Feedback** |  |
| **8.1** | **Feedback from National Reps**  **Scotland: Isla McGlade**  **Covid and Flu Vaccination rollout**  The Joint Committee on Vaccination and Immunisation (JCVI) has issued advice for the Winter COVID 19 and flu programme recommending those most at risk, or those who come into regular contact with those most at risk, will be eligible for a COVID-19 vaccine dose to maximise their protection over winter. Where possible, this will be co-administered with the flu vaccine, which is a safe and effective way to deliver protection. In Scotland as of Monday 22 August, the booking portal will be available to frontline health and social care workers to book appointments for their COVID-19 and flu vaccines available from Monday 5th September.  **Coming Home Implementation Report**  Work continues to implement recommendations from the Coming Home Implementation Report published in February 2022.  Prioritising work on anew national register to improve monitoring of those at risk of hospital admission or inappropriate placements and aim to launch by end of the year.  **Ukraine and People with Learning Disabilities**  SG Psychological wellbeing guidance that we have published (Eng, Russian and Ukrainian)  [Ukraine Psychological Wellbeing Advice Pack: Guidance for Ukrainian Arrivals - gov.scot (www.gov.scot)](https://www.gov.scot/publications/ukraine-psychological-wellbeing-advice-pack-guidance-ukrainian-arrivals/)  Direct link to easy read: [ukrainian-arrivals-psychological-wellbeing-pack-easy-read-english.pdf (www.gov.scot)](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2022/06/ukraine-psychological-wellbeing-advice-pack-guidance-ukrainian-arrivals/documents/ukrainian-arrivals-psychological-wellbeing-pack-easy-read-english/ukrainian-arrivals-psychological-wellbeing-pack-easy-read-english/govscot%3Adocument/ukrainian-arrivals-psychological-wellbeing-pack-easy-read-english.pdf)  **CNO request**  The UK LD Consultant Nurse Network identified that there are a number of common ambitions which each of the four countries are aspiring to deliver.  Five priorities that the UK LD Consultant nurses network are asking for support from all CNOs:   * National Learning Disability Nursing Day – annually on 1st November. * Learning Disability Acute Liaison Nurses – parity of role across UK. * Learning Disability Nursing Awards – query UK awards. * Positive Choices and the Learning Disability Academic Network  (LIDNAN) – strengthening HEI careers, recruitment of students etc. * Learning Disability Nurses in Social Care – audit of LD nursing workforce.   As a result, they are seeking the support of the Chief Nursing Officers to formally endorse a new joint commitment to support the learning disability nursing profession to work together on five new priorities. This, they believe, will to achieve greater impact as one of the four primary fields of nursing. The 5 CNOs have asked representative’s to meet in August 2022.  **Northern Ireland – Heather Hanna**  1. Muckamore Abbey Hospital enquiry has opened and is taking evidence;  2. Mental health workforce review is underway. Adults with intellectual disability have been excluded but children and adolescents remain included (to consider ID CAMHS workforce);  3. we are liaising with Kirsten to get a couple of people on LD physician training;  4. LD service framework has not been published yet - this is leaving a void in terms of service development;  5. there are very concerning workforce issues with regard to LD psychiatry and nursing - impacting on safe delivery of services;  6. implementation of DOLS aspect of MCA has been unwieldy, likely that next stage of implementation will progress over next year or so (ultimately this will replace mental health legislation completely)  7. NI assembly not sitting |  |
| **8.4** | **Feedback from NHSE Regional reps**  Deferred |  |
| **8.5** | **Feedback from Professions**  **Psychiatry:** The Senate welcomed Dr Indermeet Sawhney who is the new Chair of the ID Faculty at the RCPsych to replace Dr Courtenay. This is a 4-year term.  **Arts Therapies:** Plan to update and broaden the exiting Art Therapy practice guidelines to include all ARTS – to include LeDeR, NICE for MH etc. Have already contacted the Lead LD Physio, David Stanley, to ask how they got their standards ‘validated’.  **RCSLT:** About to launch a data collection tool together with Rohit Shankar regarding postcovid syndrome in particular dysphagia. |  |
| **8.6** | **Feedback from meetings attended on behalf of the Senate –**   * Deferred to next meeting |  |
| **9** | **Any Other Business –**  **Viv Cooper:**   1. Equalities and Human Rights report – as you know the EHRC did an inquiry (after some campaigning by families and charities) on the use of restraint in schools. We were campaigning as there is no requirement for schools to record incidences of restraint- or to inform parents when it happens, or to collect and share any data about it (which is astonishing!). The EHRC has confirmed that the Government is to take action on this with:  * New guidance * Primary legislation that includes: recording of the use of physical force becoming mandatory ; a legal duty to inform parents when it happens;  it being compulsory for schools to have a restraint policy that includes data recording   Details here: (scroll down!) <https://news.communication.equalityhumanrights.com/NLI/ViewHtmlEmail.aspx?a=C670C1E405B4E946A8566EFC91A36C90&b=A8D4E1FD7C1E6C71384C6E32C202B722>   1. In the meeting there were lots of comments about evidence, joining things up etc. We noted that there is an autism strategy but no Learning Disability strategy. There is also an Autism **research** strategy (long story- a group of us tried to get a joint LD and autism strategy- some work was done,  several meetings held, it was taken over by an autism organisation who offered to lead it – and an autism research strategy was launched!). So we are following up with Roger to get a LD research strategy that would enable us to be clear about what evidence we have, what we need etc (and that would co-ordinate with the autism one as appropriate for the overlaps). I think it would be helpful for a Senate rep to join any discussions about developing that if possible. |  |
| **10** | **Dates for LD Professional Senate meetings 2022**  **Monday 5th December 2022 09.00 – 12.30 via Teams**  **Dates for LD Professional Senate meetings 2023**  **Monday 6th March 2023 09.00 – 12.30 via Teams**  **Monday 5th June 2023 09.00 – 12.30 via Teams**  **Monday 4th September 2023 09.00 – 12.30 via Teams**  **Monday 4th December 2023 09.00 – 12.30 via Teams** |  |