



Learning Disability Professional Senate

**Minutes of the Meeting held on Monday 7th December 2020
Via MS Teams**

1. Attendees

Name	Profession
Karen Dodd	BPS & Co-Chair
Ashok Roy	Royal College of Psychiatrists and Co-Chair
Charlotte Annesley	Royal College of Physicians
Roger Banks	NHSE/I
Sandy Bering	NHS Commissioners
Briony Caffrey	British Diabetic Association
Patricia Churchill	NHSE Cumbria
Viv Cooper	Challenging Behaviour Foundation
Madeleine Cooper-Ueki	NDTi
Ken Courtenay	RCPsych / CQC
Sophie Doswell	BPS rep
Jo Dwyer	College of Occupational Therapists
Bunny Forsyth	ODN North East
Rebecca Goodey	Cornwall
Heather Hanna	NI rep
Samantha Harker	BASW
Paula Hopes	Wales rep
Tom Jackson	ODN North West
Theresa Joyce	
Martha Laxton Kane	Child LD Network BPS
Kirsten Lamb	Royal College of General Practitioners
Isla McGlade	Scottish representative
Ann Norman	RCN
Leanna Ong	Foundation for People with LD
Hazel Powell	
Lisa Proctor	HEE
Siobhan Rogan	NI rep
Vicky Romilly	Royal College of Speech & Language Therapists
Wendy Ruck	Arts Therapies representative

Rohit Shankar	Cornwall
Jenny Tinkler	Royal College of Physiotherapy
Margaret Young	BASW

2. APOLOGIES:

Name	Profession
Viki Baker	RCSLT
Sue Fox	NHSE Midlands & East
Sue Gale	LGA
Sunpreet Kandola	HM Prison and Probation Service
Julia King	NHSE
David Nuttall	DHSC
Trudi Piggott	NHSE
Nicola Power	Arts Therapy rep
Laura Elizabeth Shepperd	HM Prison and Probation Service

3	Minutes from Meeting held on the 07/09/2020 The minutes were agreed as a true record	
4	Action Log	
4.1	<p>The Action log was updated and is attached.</p> <ul style="list-style-type: none"> • Locked Rehab – Summary statement is being produced. Numbers in the beds have come down. Need a separate discussion with Specialist Commissioning Leads. 3 ODN's in the North, Roger and Sandy to meet. Action: To bring back outcome to the March meeting of the Senate • Autism Strategy –Launch of the refreshed Autism Strategy now likely End of January/ February. Ashok had written to Claire Dowling but got no response. Action: Need to consider our response at the March meeting. • Trauma Informed Care – Vicky Romilly has shared a draft Easy Read document. Action: All to comment to Vicky by 21.12.2020 • LeDeR – Coroner – Ashok has written to Chief Coroner – they do not currently have training. Told them that training was being developed and will send to the person in charge of their training. Roger is also connecting to Medical Examiners – also discussed with them about LD or Downs Syndrome not being in part 1 of death certificates. • LeDeR - care coordination • A review of Senate document on Care Coordination Paula to circulate role of liaison nurses. – See e-mail • LeDeR response – NHSE holding an initial reference group meeting this week. Ashok will be attending on behalf of the Senate • ID Physician – Making connection with HEE, and links with other Nations. Agreed to develop medical modules into the training for Advanced Care Practitioners. • PHE – Ashok has written to ask for Rep. 	<p>Attached</p> <p>RB/SB/ODN Leads</p> <p>ALL</p> <p>Ann Norman</p> <p>Ashok Roy</p>

5	New Items	
5.1	<p>Out of Sight – Who Cares - Theresa Joyce</p> <p>Theresa presented the findings of an analysis of care plans from sites from this report. The care plans were rated by Theresa, 2 CQC Inspectors and 2 reps from the PBS Academy. Main finding was that all things expected in a care plan were present but the quality was very poor. The results will be published in a journal article next year.</p> <p>Discussion considered issues of practice.</p> <ul style="list-style-type: none"> • Ken felt that we need to develop a Clinical Contract between the Commissioner of the placement and the provider. He has sent round a draft example. • Roger responded that this idea has been raised with Specialist Commissioning. LD Senate and NHSE need to work together to be a strong voice. Need to ensure a high standard of clinical care. • Karen felt that all units should be expected to have QNLD accreditation • Issues of complicity with poor practice were discussed – Competence, Morale, Confidence • Quality Monitoring – felt that we did not need another level of monitoring, but that existing systems need to be more effective. This is in part the role of the CETR. • Could the LD Senate put on an event for clinicians who work in these settings that segregate and seclude to explore what it is like to work in them. Would need to get CQC to share which units they visited to invite them. • Ken shared a statement from the RCPsych • Roger – Will set up a meeting between key people in NHSE including Sharon Harvey the new Lead for Quality with Karen, Theresa, Ken and Margaret to share what is already being done and how do we get both practitioner and cultural change. 	Attached
5.2	<p>‘The Doing group’ – Viv Cooper</p> <p>Viv shared the work of ‘The Doing group’ – set up a small group of approx 15 people. Came up with a model and are now testing it in the Black Country. Identified people who are stuck. The group have agreed that 3 members will work with the area to help build confidence, capability and capacity.</p> <p>Sandy shared a paper that addressed similar themes from 30 years ago. He commented that it is difficult for an individual member of staff to whistleblow.</p> <p>Tom said that having a supporting network e.g. ODN is better than more layers of quality monitoring.</p> <p>Roger showed a slide that looked at the key roles needed.</p>	Attached Attached
5.3	<p>Terms of Reference</p> <p>The group went through Section 3 which describes the role of the LD Senate.</p> <p>The main points raised were:</p> <ul style="list-style-type: none"> • Is our membership more adult than child based – how do we rebalance? • 2 way communication with NHSE/ DHSC – what is the channel? Karen said that NHSE had contacted her to ask about representation. Action: KD to follow up. We also used to have regular representation from DHSC. Action: Karen to check with David Nuttall. 	KD

	<ul style="list-style-type: none"> • On what basis do we review documents – do we check that they are adding value? • Need to be clear that we provide leadership re professional practice. We need to raise our profile. How do we get information out to and back from the members that we represent? • Felt that there were 2 many points, and that we need to reduce to a maximum of 6. Need to remind that the Senate is about providing a collective voice. Our role is to inform, collectively challenge and hold to account. • The Senate offers a professional clinical voice – the ODNs engage with that clinical voice – usefulness of local structures. Do we need to formalise links with the ODN? • Need to strengthen the commitment of the 4 nations. • Need to strengthen our Social Media presence e.g. Twitter- need to target the number of people following the LD Senate at each meeting. Action: Paula agreed to take on alongside the good work that Ken started. • Discussed issues of people with Autism without LD and whether as a Senate we should be covering this group. There were some differences of opinion. We recognise the unmet need. <p>Action: Annie agreed to look at the Terms of Reference and amend and circulate for comment. Hope to finalise at March meeting and then review annually.</p> <p>Ashok reported that the original articles written for the revision of Challenging Behaviour – A Unified Approach have now been published in a special edition of Tizard Learning Disabilities Review in Nov 2020.</p>	<p>Paula/ Ken</p> <p>Ann Norman</p>
5.4	<p>Connect Behaviour – Rebecca Goodey and Rohit Shankar</p> <p>Becky presented on their Care Planning Tool – presentation attached. The system pulls complex information into one graphic.</p> <p>They are making the tool freely available. https://www.cornwallft.nhs.uk/connect-behaviours-1/</p> <p>Karen wondered about the links to Theresa’s findings re care plan. Action: Karen to put Becky and Theresa in touch with each other.</p>	<p>Attached</p> <p>KD</p>
5.5	<p>New and Emerging Roles – Lisa Proctor gave a presentation – slides attached.</p> <p>Lisa updated us on the work being undertaken. Unmet needs were grouped into 4 themes:</p> <ul style="list-style-type: none"> • Autism service gaps (pre-admission crisis support, mental health needs of females with autism and post diagnosis support) • Early intervention, informal wellbeing support (for CYP and adults across learning disability & autism) • CYP with learning disabilities and autism (transitions and education wellbeing for young people with autism) • Physical health services in the community <p>Final project report will seek to make recommendations on new role development for Learning Disability & Autism Programme Board. Project to conclude March 2021.</p>	<p>Attached</p>
6	<p>AOB</p> <ul style="list-style-type: none"> • Briony reminded us that the Government is issuing Vitamin D to care homes for 4 months starting in January 	

	<ul style="list-style-type: none"> • Kirsten talked about the Covid vaccine – People with Downs syndrome are in the extremely clinically vulnerable group and therefore are in a higher group to get the Vaccine. She is concerned about other people with LD. How does this link into the latest LeDeR data and the risk to people with LD? Action: Ashok to raise at the LeDeR reference group on Wednesday. • Ken asked about Complicity with Poor Practice. Action: Agreed to agenda for March meeting. • Ann reported that she is due to retire in June 2021 and will be appointing someone to support her 2 days per week. 	<p>AR</p> <p>KD/AR</p>
7	<p>Dates for LD Professional Senate meetings 2020</p> <p>Monday 7th December 2020 - through MS Teams</p>	

DRAFT