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**Learning Disability**

**Professional Senate**

**Learning Disability Professional Senate**

**Minutes of the Meeting held on Monday 7th March 2022**

**Via MS Teams**

1. **Attendees**

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| **Name** | **Profession** |
| Karen Dodd | BPS & Co-Chair |
| Ashok Roy | Royal College of Psychiatrists and Co-Chair |
| Heather Armstrong | Consultant Clinical Psychologist, Northern Ireland |
| Arron Ashton | Scotland rep |
| Jonathan Beebee | RCN |
| Sandy Bering | NHS Commissioners |
| Graham Carr |  |
| Alison Conyers | LDA Lead Leeds Teaching hospital |
| Madeleine Cooper-Ueki | NDTi |
| Vivien Cooper | Challenging Behaviour Foundation |
| Ken Courtenay | RCPsych / CQC |
| Carly Dalton | British Dietetic Association |
| Sophie Doswell | BPS rep |
| Jo Dwyer | College of OT rep |
| Sammy Gibson | Leeds Teaching hospital |
| Heather Hanna | NI rep |
| Tom Jackson | Yorkshire & Humber ODN |
| Martha Kaxton Lane | Child LD Network BPS |
| Kirsten Lamb | Royal College of General Practitioners |
| Isla McGlade | Scotland rep |
| Olajumoke Morakinyo | NHSE/I Cumbria |
| David Nuttall | DHSC |
| Mahesh Odiyoor | North West ODN |
| Kate Oulton | Great Ormond Street |
| Lisa Proctor | HEE |
| Siobhan Rogan | NI rep |
| Vicky Romilly | RCSLT |
| Wendy Ruck | Arts Therapies representative |
| Indermeet Sawhney | Hertfordshire |
| Claire Swithenbank | NHSE/I North |
| Margaret Young | BASW |

1. **APOLOGIES:**

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| **Name** | **Profession** |
| Viki Baker | RCSLT |
| Briony Caffrey | British Diabetic Association |
| Robert Ferris Rogers | NHSE |
| Sue Fox | NHSE Midlands & East |
| Samantha Harker | BASW |
| Deborah Ivanova | CQC |
| Lynette Kennedy | UKLDNN |
| Kathy Petersen | GP |
| Laura Shepherd |  |
| Anne Worral-Davies | NHSE |

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| **3** | **Minutes from Meeting held on the 06/09/2021**  The minutes were agreed as a true record. | |
| **4** | **Action Log** |  |
|  | The Action log was updated and is attached.  **Senate conference**  This will be considered for 2022. | **Attached**  **KD/AR** |

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| **5** | **Updates** |  |
| **5.1** | **Policy related updates David Nuttall (DHSC)**   * Action Plan from Building the Right Support – The draft 1st version was published and shared with key stakeholders and engagement has been undertaken with a variety of groups. Now collating diverse feedback with over 400 comments. Will now look at these and develop a revised action plan. * ICETR are now back to being undertaken face to face. * Senior Intervenor pilot – moving forward with each person taking an a small number of cases to try and sort out the intractable problems that are preventing discharge. * Autism Strategy – moving forward on implementation and looking ahead to Years 2 – 4 actions. * Community Discharge grants - £21m in England and equivalents in other nations have been paid to help support double running costs for people leaving inpatient services. * Down’s Syndrome Private members bill – the government are supporting it. Aimed to meet the specific needs of people with Down’s syndrome within current legal frameworks. Will be going for 2nd reading and then to Committee stage. * Oliver McGowan Mandatory Training (OMMT) - The OMMT pilot was ongoing with three delivery partners alongside an evaluation partner (NDTI). Evaluation is due for completion in Spring 2022 when it will give recommendations and costs.   Questions to Dave:  VC asked about the reviews for the 70+ people in Long term Segregation (LTS). DHSC are updating the current list of people. The original reviews did not get the results wanted. Some people have been discharged, some moved out of LTS. However for others the Covid pandemic did not help, and for others recommendations have not been followed. The Senior Intervenors will be working to broker solutions for these people.  A question was asked about whether hospital closures are proceeding quicker than the development of appropriate community support, meaning that people are having to move even further away from their local services. Dave commented that any hospital closures are led by CQC as the regulator and not DHSC or NHSE.  Kirsten asked whether there was sufficient in the Building the Right Support Action plan about physical health of people in inpatient units, and the importance of primary care input to units. **Action: Dave to pick up with Kirsten outside the meeting.**  Down’s syndrome bill – concerns were raised about whether this bill will lead to discrimination against other people with LD. Dave responded that the bill was trying to emphasise the particular needs of people with Down’s syndrome within existing legal frameworks but would also provide guidance for people with LD in general.  Concern was raised about whether private hospitals were the key issue of concern. Dave responded that there was not a massive difference in CQC ratings between NHS and private hospitals, but settings where the ratings were downgraded tended to be the private hospitals and particular organisations. Concern about the level of scrutiny which is why they have introduced Host Commissioner responsibilities and the Safe and Well being reviews. Karen asked if accreditation with QNLD inpatient standards could be made mandatory. Ken responded that CQC are looking at this, and asking units questions about QNLD accreditation. Dave felt that there needs to be greater consistency and requirements re standards which should be embedded within commissioning contracts. |  |
| **5.2** | **Update on External Support Group – Viv Cooper**  This was a Challenging Behaviour Foundation initiative that was originally called the ‘doing group’ to being people together with significant experience of working with people with learning disabilities. There are 25 members including Ken, Ashok, Theresa Joyce, Peter Baker. They have worked with 1 person at the request of NHSE. The process is that the local area contacts the group and asks for help. 3 members work with the local team to help support the person to move on.  One of the issues identified is the variability of Community Teams both in terms of knowledge and how stretched they were.  Karen commented that most community teams have seen a substantial increase in referrals and complexity without any increase in funding. There is a need for investment.  Viv said that there are 3 main components required:   * Quality and outwardness of the inpatient unit * Community support with a joined up pathway * Partnership working with social care providers. |  |
| **6.0** | **New Items** |  |
| **6.1** | **The role of key skills as a risk marker for the development of challenging behaviour in children and young people who have an intellectual disability – Heather Armstrong**  See Presentation attached.  This was a very interesting presentation which showed that children with LD with the lowest skills had a 93% chance of developing challenging behaviour compared to 13% chance for children with the highest skills. Of the 144 children in the school, 66% had some form of challenging behaviour.  Hoping to follow up since intervention to look at skills / challenging behaviour.  Heather will be doing a replication study in Northern Ireland. | **Attached** |
| **6.2** | **Improving Access to healthcare for children and young people with learning disabilities – Kate Oulton**  See presentation attached.  This is a report of a NIHR funded study looking at safe and equitable hospital care for children and young people with LD. Looked at 24 hospitals including all 15 children’s hospitals and included a survey with 2261 responses. Results showed that there is much work still to be done.  There was a discussion about the barriers to good healthcare and the need to develop accreditation standards. | **Attached** |
| **6.3** | **The Leeds Teaching Hospitals LD & Autism MDT team – Alison Conyers and Sammy Gibson**  See Presentation attached.  This presentation described the formation and work of an MDT team within an acute hospital. The team includes LD nurses, SLT, Physio, Quality and Learning into action role and a clinical educator. They also have 12 experts by experience and over 200 staff champions. They saw a 500% increase in referrals through Covid. They also undertook 103 projects alongside their clinical work, and were able to demonstrate that having AHPs as well as nurses makes a difference, with the funding coming from the hospital.  In future also looking at the role of the Specialist Physician and having an Intensive Interaction Practitioner.  Devon are also looking at developing an Acute Hospital MDT but also including OT. | **Attached** |
| **6.4** | **Physical Health of People on Psychotropic Medication – Indermeet Sawhney**  See Presentation attached.  This presentation described the in depth work of a specific health clinic for people with LD on psychotropic medications. They are looking to further develop to include a dietitian. Hoping to roll out across all their service, and looking to make links with GP Practices. | **Attached** |
| **6.5** | **Impact of Covid – Kirsten Lamb**  See presentation attached.  Some studies following up people with LD have now been published. There are no figures on the uptake of boosters for people with LD. Also no information on trauma impact of Covid. | **Attached** |
| **6.6** | **The New Landscape For Planning Commissioning and Provider Collaboration - Sandy Bering**  See presentation attached.  Sandy went through the history of NHS structures. Commissioner / Provider split and the fragmentation is not working. The current changes gets rid of the procurement function, and the emphasis is on trusting providers to become part of us all doing things together. CCGs will disappear in April 2022. It is hoped that this will deliver less unwarranted variation, with strategic planning being done with providers. However there will still be oversight / evaluation. There is a need for things to be at a more local level including at PCN level, and locality based place- based care.  The Senate has an important role:   * What does it mean by standards and guidance and following them. * Need to be mindful of resources * Be clearer about what should and should not be happening. | **Attached** |
| **7.** | **Updates** |  |
| **7.1** | **Complex Continuing Care/Locked Rehab (Sandy Bering/Mahesh Odiyoor)**  MO provided an update on this topic. A meeting was held to discuss the pathway re rehab for people with LD or NDS. There are no clear standards for this work, so they are looking to develop standards/ model, and looking at themes of why people stay in these services for more than 6 months.  Rohit Shankar is doing a literature review re inpatient care, and they are going to meet with him. They are also going to talk to QNLD to see if they could help in developing the standards. They hope to develop a workshop for next year. |  |
| **7.2** | **Clinical Contracts – Ken Courtenay**  This is moving ahead with NHSE and there is a further meeting this week. Clinical contracts are being circulate to members of the inpatient group to use as a pilot. |  |
| **7.3** | **Update re What to do If document – Viki Baker**  Update at next meeting. |  |
| **7.4** | **QNLD – Karen Dodd**  The community standards are now being finalised and due to be published in December 2021. |  |
| **7.5** | **CQC – Ken Courtenay**   * CQC are paying more attention to supported living – looking a developing a coalition of people who know about supported living. * Right Support, Right Care, Right Culture – providers need to abide by it. * Hospital inspections are now again in part in person. Focus is on experience rather than numbers of staff/ patients  There is a follow-up to Out of Sight Out of Mind called ‘One year on from Out of Sight – what’s changed?’<https://www.cqc.org.uk/publications/themes-care/restraint-segregation-seclusion-review-progress-report-december-2021> |  |

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| **8.** | **Feedback** |  |
| **8.1** | **Workforce update – Lisa Proctor (HEE)**  See presentation attached   * HEE looking at the development pathway to Consultant practice – workshops are bring developed on the 16th and 23rd February. They are looking for participants with 30 people per workshop. * Autism peer support roles – preparation work is underway to start the development. Looking at what should be the autism knowledge elements before developing a curriculum for training. * Autism training for MH Inpatient settings – 2 providers have been appointed and are developing a train the trainers model * Oliver McGowan Mandatory training. Training trials now operational. First interim progress report published by NDTI – details can be found on our website: [The Oliver McGowan Mandatory Training in Learning Disability and Autism. | Health Education England (hee.nhs.uk)](https://www.hee.nhs.uk/our-work/learning-disability/oliver-mcgowan-mandatory-training-learning-disability-autism) | **Attached** |
| **8.2** | **LeDeR update – Lynette Kennedy via e-mail**  Members were introduced to the team at Kings College London. Umesh Chauhan (Professor of Primary Care) led the presentation along with Irene Tuffrey-Wijne (Professor of Intellectual Disability and Palliative Care) and Richard Keagan (Research Assistant). Kings College London and partner universities (University of Central Lancashire & Kingston and St George’s University) will work with NHS England across the LeDeR programme and the wider Learning Disability and Autism programme. The partnership includes professors from both primary care and secondary care.  The academic partners have developed a focus group made up of people with learning disabilities. They have started to look at the different ways that they will work with NHS England and one area they have highlighted is how they can make reports more accessible. This will allow the experts by experience to lead in this work.  Our academic partners will focus on completing 6 deep dives each year which means that they will look at six topics in detail each year and will report their findings back to NHS England.  For next year the topics are#   * Pneumonia * Laxatives- use of * Diabetes – * Inequalities and people from minority ethnic groups - * Basic monitoring in children and young people – * How other countries support autistic children – |  |
| **8.3** | **Feedback from National Reps**  **Wales – no representative present**  **Northern Ireland – no report**  **Scotland – Isla McGlade**   * There has been an increase in funding in Scotland for the LD/ Autism Team. * Arron Ashton will also attend the Senate as a rep. * 10 LD nurses have been awarded Queens nurse status. * Looking at resources for people with LD in forensic settings. |  |
| **8.4** | **Feedback from NHSE Regional reps - deferred** |  |
| **8.5** | **Feedback from Professions**  **SLT**  Have developed 2 strategy papers – 1 on LD and 1 on Autism  Would like to think about ARFID at a future meeting  **RCGP**  Developing 1 day essential training for GPs.  Developing a clinical advisor role in LD within the RCGP  **RCN**  University of East Anglia are stopping their undergraduate nurse training. |  |
| **8.5** | **Feedback from meetings attended on behalf of the Senate –**  **GOLD meeting**   * Looked at the findings from the latest LeDeR report in relation to Older people with LD * Going to develop some work on recognition of dementia in people with profound and multiple disabilities * Looking to hold their next conference on Ageing Well in LD Awareness week in June 2022. |  |
| **9** | **Any Other Business - None** |  |
| **10** | **Dates for LD Professional Senate meetings 2022**  **Monday 7th March 2022 09.00 – 12.30 via Teams**  **Monday 6th June 2022 09.00 – 12.30 via Teams**  **Monday 5th September 2022 09.00 – 12.30 via Teams**  **Monday 5th December 2022 09.00 – 12.30 via Teams** |  |