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**Learning Disability**

**Professional Senate**

**Learning Disability Professional Senate**

**Minutes of the Meeting held on Monday 7th June 2021**

**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 |
| Viki Baker | RCSLT |
| Roger Banks | NHSE |
| Jonathan Beebee | RCN |
| Sandy Bering | NHS Commissioners |
| Michael Brown | Queens University Belfast |
| Patricia Churchill | NHSE/I North East and Yorkshire |
| Ken Courtenay | RCPsych / CQC |
| Sophie Doswell | BPS rep |
| Heather Hanna | NI rep |
| Samantha Harker | BASW |
| Susan Hastewell | NHSE/I North West |
| Paula Hopes | Wales rep |
| Martha Kaxton Lane | Child LD Network BPS |
| Lynette Kennedy | UKLDNN |
| Kirsten Lamb | Royal College of General Practitioners |
| Rachel Lee | Specialist Trainee (ST4) to Ashok Roy |
| Isla McGlade | Scottish representative |
| Olajumoke Morakinyo | NHSE/I North East & Yorkshire |
| Ann Norman | RCN |
| David Nuttall | DHSC |
| Heidi Peakeman | NHSE |
| Siobhan Rogan | NI rep |
| Katherine Rothman |  |
| Wendy Ruck | Arts Therapy rep |
| Claire Swithenbank | NHSE/I North |

1. **APOLOGIES:**

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| **Name** | **Profession** |
| Briony Caffrey | British Diabetic Association |
| Sue Fox | NHSE Midlands & East |
| Julia King | NHSE |
| Alison Leather | NHSE/I South East |
| Katherine Peterson | GP Lead for Northumberland CCG |
| Laura Elizabeth Shepherd | HM Prison and Probation Service |
| Jenny Tinkler | Royal College of Physiotherapy |
| Margaret Young | BASW |

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| **3** | **Minutes from Meeting held on the 01/03/2021**  The minutes were agreed as a true record. | |
| **4** | **Action Log** |  |
|  | The Action log was updated and is attached.  **Locked Rehab** – There is work underway across 3 x North of England ODN to develop an equivalent set of Service Standards Document/Guidance (similar to Professional Senate - Revised Assessment & Treatment Standards document) and that we will be inviting Roger Banks + other NHSE colleagues to join this work as previously discussed at Senate meetings  Several ODN meetings held concluding with the 3 ODNs agreeing to set up 5 Task and Finish groups to:  •         Evaluate the functions and goals of specialist inpatient rehabilitation services for this patient group  •         Review the evidence and literature base and collate a professional consensus position for specialist inpatient rehabilitation services for people with learning disabilities, autism and mental health, behavioural or forensic needs  •         Review the data on current lengths of stay over 6 months across the 3 ODNs across NE and C, NEY and NW  •         Explore the quality indicators and assurance needed to construct outcome measures, which will determine that patients within such services are receiving a consistently high standard of care  •         Co-produce and engage with people who have a lived experience of using such services and their supporters  This work will be reviewing as baseline material at least the following documents – and the DH Response noted by David Nuttall today   * CQC inspections and regulation of Whorlton Hall 2015-2019: an independent review. * CQC inspections and regulation of Whorlton Hall: second independent report * CQC Cedar House Quality Report * CQC Cygnet Yew Trees Quality Report * In sight and in mind: Making good on the promise of mental health rehabilitation * The role of specialist inpatient rehabilitation services for people with intellectual disability, autism and mental health, behavioural or forensic needs – AMHID Paper * Quality Network for Learning Disability Services (QNLD) Standards for Inpatient Learning Disability Services Fourth Edition * Managing In-Patient Admissions of People with Learning Disability – Clinical Contracts   **Action: To bring back outcome to the September meeting of the Senate** | **Attached**    **SB** |

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| **5** | **New Items** |  |
| **5.1** | **Policy related updates (David Nuttall)**   * Covid vaccination – NHS have published statistics via different groups. Last figures 13th May. 82.5% first dose for people with LD.   Kirsten – can we use the learning on Covid vaccines to support uptake of flu vaccine which are usually about 40%   * Autism Strategy – Final draft going through clearance across different government departments. Likely to be published in the next few weeks. Will come with Commissioning guidance. * Formal response to CQC Out of Sight Report & Committee on Human Rights – will be published shortly. * Response to Baroness Hollins re her recommendations on case reviews of people in seclusion. Enhanced version of CTR, with Independent Chair from DHSC. Found that in some cases there had been a ‘run out of ideas’ and were able to give some new suggestions. Also who will pick up challenge and drive the change for the person. She is recommending Independent Case Management – mixture of independent expertise and project management – to drive things forward. Trial of Senior Intervenors for Children – similar to drive forward. Positive innovation, led to half of children being moved back into the community (8 out of 16). Will be trialling Senior Intervenors with adults in prolonged segregation, to support people to be moved on. **Action: Agenda for next Senate meeting for update from NHSE.**   Discussion on number of admissions and discharges. Trying to mobilise to reduce reliance on hospital admissions, and being clear about when hospital admission is needed, the standards, the outcomes. Enhancing capacity at regional levels to work with the most complex people.  Sandy – there is money available from different workstreams for children – need to connect together. Not a cost neutral programme. Not been able to invest properly in community support for children and adults. Need to refocus on preventative support in place to get this to change. Adult services having to try and repair what wasn’t in place within childrens’ services. Where are children with autism (not LD) being picked up. Need to have better social care and housing – postcode lottery, not being considered as a priority against other agencies.  Heather – works in an ID CAMHS service in Northern Ireland – works well. Part of 10 year strategy. Includes early intervention. 75% have LD & Autism.  Martha – new book on mental health needs of children with LD . Main issue is the children with ASD (not LD). <https://www.pavpub.com/mental-health/mental-health-young-people-intellectual-disabilities>  Cumbria and NE – Intensive support team – piloting work with children with Autism (no LD).  **Action: Need to have a wider discussion at the next meeting**.   * Oliver McGowan Mandatory Training – still progressing. Will be starting to deliver the pilots in practice from next month, and then evaluate * Building the Right Support Delivery Board - second meeting last month. Chaired by Minister. Stakeholder meeting later this month * Ongoing regulatory action from CQC. Recent report re Cygnet where there are concerns about quality or safety | **DN**  **KD/AR**  **KD/AR** |
| **5.2** | **Transitions report – Michael Brown**  **See attached presentation.**   * Limited evidence regarding the experience of children going through transitions * Used 2006 DH definition of transition * Undertook a systematic review – themes were:   1) Becoming an adult;  2) fragmented transitions process and care;  3) Parents as advocates in emotional turmoil;  4) Making transitions happen: The nursing contributions.   * 2nd phase – across all 14 NHS Boards in Scotland. 10 family carers and 46 nurses and other health professionals.   5 main themes from families:  1) a deep sense of loss;  2) an overwhelming process;  3) parents making transitions happen;  4) a shock to the adult healthcare system – re complexity of needs;  5) the unbearable pressure.  Themes from professionals:   1. need for strategic level focus 2. clear transition processes and pathways 3. proactive transition preparation 4. multiagency transition planning 5. continuity of care in adult health services   Kirsten - Should LD Nurses be all age nurses. Need for Intellectual disability physician role. Working with RCGPs re e-learning package re transitions. Families are often traumatised – have frequent contact with legal issues.  Michael – will be seeing more children with very complex needs, there is some good practice but not enough. There are some local initiatives, but not systematic and consistent approach. |  |
| **5.3** | **Wheelchairs for behaviour – Viv Cooper**  **Deferred to next meeting** |  |
| **5.4** | **Senate Conference 2021**  **‘What should the future be for LD Services across the age span?’**  Include children, adults and older adults with LD  Include recommendations re workforce across all professions  Think about children with complex physical health needs as well as those with mental health and behaviour that challenges  **Action: Need ideas of topics / presentations / presenters:**  Suggestions included:   * Heather – happy to present development of ID CAMHS * Kirsten - could find someone re physical health needs   - frailty score for pld  - Presentation from Scotland re Integrated Health and  Social Care   * Paula – suggested Ruth Wynn Williams – future of childrens services; cataracts & eye problems * Ken - Suggested good practice examples of transition * include something from CQC * Siobhan - what about Christine Lenehan * Kirsten – look at specific issues e.g. oral health, bladder and bowel, * Viki – SLT communication standards; respiratory care pathways; Link to LeDeR findings across the age range * Karen – needs of older people * Sandy – Changing commissioning arrangements with ICS   Aiming for November 2021.  Organising committee: Karen, Ashok, Sophie, Kirsten, Heather, RCN | **ALL** |
| **6.0** | **Updates** |  |
| **6.1** | **Inpatient Units work**   * Complicity with poor practice – Communicated to members of RCPsych ID Faculty, and importance of clinical leadership, and their responsibilities if believe practices are below standard / unacceptable. * Small group met to discuss the ‘What to do if…’ document.Will identify soft signs and help people to know what to do next and different roles e.g CQC, HCPC etc. To help people know what they can do. Hopefully first draft will be circulated to the group. **Action: Viki to circulate to small group.** Could be hosted on Senate page on BILD website. Could launch at the Senate Conference in November. Could we broaden it out to include children’s issues. * Clinical Contract – People have been very positive about it and have support of Baroness Hollins, NHSE and DHSC. Now need to pilot it. NHSE putting together a template to be piloted, using vehicle of CTR to start with. CQC also interested in it. **Action: KC to feedback next time.** * LD Inpatient standards – Small group met to revise the Senate Inpatient Standards document now the revised QNLD standards are published. Draft brought to the meeting. **Action: KC to take to inpatient group. Once finalised, need to send to all inpatient units and put on Senate website.** * List of inpatient units. Karen has managed to get a list from CQC of units. **Action: KD to send to KC and AR** | **VB**  **KC**  **KC**  **KD** |
| **6.2** | **Trauma Informed Care**  HEE is developing a portal for trauma for all specialities in mental health including learning disabilities and autism. Involving Noelle Blackman from RESPOND.  Karen to circulate material from Allan Skelly. **Action: KD**  Kirsten – should this be included in the training for Advanced Clinical Practitioners. **Action: Kirsten and Wendy to check at next meeting with HEE.**  Viki – Challenging Behaviour Foundation and Tizard – launching some videos re understanding the impact of trauma for families. | **KD**  **KL/WR** |
| **6.3** | **QNLD**  Peer reviews of the pilot sites for the community standards have been completed. The standards are currently being reviewed and revised. Hope to be published in the autumn.  Question – whether we should review our document on the function of LD community health services. |  |
| **6.4** | **Workforce Issues**   * Issue of supporting the quality of frontline staff in health and social care to deliver agreed care plans. * Curriculum for medical module of certificate training for Consultant and ST5/6 and GPs in LD from Royal College of Physicians. Likely to be 2 x 30 credit module. 1 with Advanced Clinical Practitioners, and 1 for the medical module. ACP will start in October, medical module in beginning of 2022. * 3 tiers of competency on autism competency framework. Oliver McGowan training covers tiers 1 & 2. Training being developed Tier 3 for child and young persons inpatient services, and next year for adult inpatient services. |  |
| **6.** | **LeDeR – Lynette Kennedy**   * Processed change on the 1st June. Now includes people with autism. * Name changed to be ‘Learning from life and death reviews – people with a learning disability and autistic people’. * New process for undertaking the reviews – and new training for all reviewers. ICS now responsible for making sure all reviews taking place; fewer preventable deaths; stronger emphasis on delivery of actions and holding services to account. Will be 2 people doing reviews. * Initial shorter review and then decision re focussed review * New website for reporting deaths * Discussions about ensuring enough reviewers - their primary role. Will need lots more reviewers once included people with autism. * 30th September – quality assurance plan in place in ICS.   Sandy – allocation to his area is £102K, relies on current staff from LD. Seems hugely ambitious to move things on within the proposed timescales. Thought there was going to be more emphasis on learning from deaths rather than focus on review process.  Lynette – happy to raise issues from us as a Senate. **Action: ALL to feedback to Lynette.** | **ALL** |
| **7.** | **Feedback** |  |
| **7.1** | **Feedback from National Reps**  **Wales – Paula Hope**   * The Learning Disability Ministerial Advisory Group have presented their report into identify new and continuing priorities following the end of the Improving Lives Programme. * The Welsh Government learning disability team are prepping advice for ministers on closure of the three year Improving Lives programme and advice on priorities going forward, which will reflect our discussions with stakeholders, including LDMAG. * A draft framework outlining potential models for delivering health checks in the future, has been developed, maximising good health outcomes whilst still operating in a post-COVID/COVID recovery phase. * Improvement Cymru launched a social media campaign for Learning Disability Health Profiles in March. The aim of the campaign was to encourage people with a learning disability to have and use a Health Profile.  [improvementcymru.net/proffil-iechyd](https://icc.gig.cymru/gwasanaethau-a-thimau/gwelliant-cymru/rhaglenni-gwelliant-cymru/rhaglen-gwella-iechyd-anabledd-dysgu/rhaglen-gwella-iechyd-anabledd-dysgu-sylw/proffil-iechyd/) <http://improvementcymru.net/health-profile> * The Delivering Healthcare for people with learning disabilities padlet can be found here: [Darparu Gofal Iechyd i Bobl ag Anableddau Dysgu | Delivering Health Care to People with Learning Disabilities (padlet.com)](https://padlet.com/ImprovementCymru/DeliveringHealthcareLD)   **Scotland – Isla McGlade**  Policy Development  Scottish Government Learning Disability and Autism –Towards Transformation Plan  Priorities post COVID pandemic  1. Promoting and supporting the conditions for good physical and mental health and wellbeing at population level.  2. Sustainably implementing annual physical health checks for people with a learning disability  3. Ensuring safe, effective treatment and care of people living with a learning disability or neurodevelopment condition.  Professional Adviser Learning Disabilities, Autism and ADHD developed and Isla McGlade takes up this post from 14/6/2021 and will continue to represent Scotland at the UK LD Senate.    **Northern Ireland – Siobhan Regan**   * Still working on regional model for adults – delayed because of Covid * Access to inpatient care is an issue. No new admissions since Dec 19 because of the enquiry into Muckamore. Active investigation ongoing. 26 arrests so far. No court cases so far. Enquiry not started. * Gaps in MH needs of people with LD/ autism. CAMHS services will be open to all children including LD. * Compulsory duty of candour out for consultation. * Southern Trust – looking to develop LD Physician role * MCA/ Deprivation of Liberty being enacted * Use of restraint in education settings – lots of media attention.   Want mandatory reporting. |  |
| **7.2** | **Feedback from NHSE Regional reps**  Nothing to report |  |
| **7.3** | **Feedback from meetings attended on behalf of the Senate**  **GOLD – Ageing well with dementia conference 22nd – 24th June 2021.** <https://whova.com/web/awwd_202106/> |  |
| **6** | **AOB**   * Ann Noman is retiring in June. The chair thanked her for her contribution to the work of the Senate over the years and wished her well for the future. Interviewing for permanent appointment next week. Connecting for Change report due to be published shortly. * Nursing workforce standards were published in May * APPG on Winterbourne View on Thursday. Senate supported the Challenging Behaviour Foundation statement on Winterbourne. * MELD study – details will be sent in separate e-mail | **AR** |
| **7** | **Dates for LD Professional Senate meetings 2021**  **Monday 6th September 2021 09.00 – 12.30 via Teams**  **Monday 6th December 2021 09.00 – 12.30 via Teams** |  |