



Learning Disability
Professional Senate

Learning Disability Professional Senate

Minutes of the Meeting held on Monday 2nd March 2020
At: The Royal College of Psychiatrists,
21 Prescott Street, London E1 8BB

1. Attendees

Name	Profession
Karen Dodd	BPS & Co-Chair
Ashok Roy	Royal College of Psychiatrists and Co Chair
Charlotte Annesley	Royal College of Physicians
Peter Baker	Tizard Centre
Sandy Bering	NHS Commissioners
Viki Baker	Royal College of Speech & Language Therapists
Roger Banks	NHSE/I
Noelle Blackman	RESPOND
Sarah Bruce	Royal College of Physiotherapists
Briony Caffrey	British Diabetic Association
Patricia Churchill	NHSE Cumbria
Viv Cooper	Challenging Behaviour Foundation
Jason Crabtree	BPS
Jo Dwyer	College of Occupational Therapists
Vikki Ford-Powell	NHS Cumbria
Heather Hanna	Northern Ireland rep
Paula Hopes	Wales rep
Lynette Kennedy	Consultant Nurse network
Kirsten Lamb	Royal College of General Practitioners
Martha Laxton Kane	Child LD Network BPS
Thomas McGhie	NHS E SW rep
Isla McGlade	Scotland representative
David Nuttall	DHSC
David O'Brien	Wales rep
Lisa Proctor	HEE
Siobhan Rogan	NI rep
Wendy Ruck	Arts Therapy representative

2. APOLOGIES:

Name	Profession
Dave Brandford	NHSE
Amy Colwill	QNLDRCPsych
Jackie Edwards	Arts Therapies
Kevin Elliott	NHSE
Sue Fox	NHSE Midlands & East
Simon Froud	ADASS
Sue Gale	LGA
Donna Glover	PHE
Theresa Joyce	CQC
Ann Norman	RCN
Jenny Tinkler	College of Physiotherapists

It was noted that we have not had representation from Social Work at recent meetings or from VODG. Karen has made contact with ADASS. Link to be sought from ADCSS.

3	Minutes from 2nd December 2019 Correction – Report from Wales – CNO should be Nursing Officer With this correction, the notes were accepted as an accurate record of the meeting held on 2.12.2019	
4	Action Log	
4.1	The Action log was updated and is attached. <ul style="list-style-type: none"> • LD Senate website. This is now active and hosted by BILD. The link is: https://www.bild.org.uk/ldsenate/ • Locked Rehab is not currently a high priority and liaison with Mental health is awaited. • Roger Banks confirmed that there is no resource currently earmarked centrally for STOMP/STAMP. Kirstin Lamb informed the meeting of community pilots who are holding the resource and are planning to conduct pilots. • An easy read version of the 10 top tips would be prepared by RCSLT • A Regional Leads list will be provided by Roger Banks • PHE link awaited 	Attached
5	New Items	
5.1	Trauma experienced by families Presentation from Noelle Blackman, Peter Baker and Viv Cooper The questions for the Senate are <ol style="list-style-type: none"> 1. Feedback, suggestions and comments on interview guide 2. Interested colleagues to participate in the interviews booked for 24th and 25th March 3. Members invited to the Stakeholders meeting on May 6th (12-5pm) 	Attached

	<p>4. Position statement from Senate on Trauma or from individual professions It was agreed that the Senate document Trauma - top ten tips is sent to the project team and serves as the Senate position statement Action: Slides to be circulated and 6 professionals to be identified for the interviews</p>	ALL
5.2	<p>LD Senate role and Terms of Reference</p> <p>Deferred</p> <p>Action: ToRs and questionnaire to be sent out again and discussed at the next meeting</p>	Attached
5.3	<p>QOF QI for GPs – Kirsten Lamb Kirsten gave a presentation (previously circulated). One of the two indicators (QIL 007) focusses on people with LD. 5 key areas:</p> <ol style="list-style-type: none"> 1. Every GP is required to have a QOF register which captures the whole LD population. Current prevalence on the LD register in England is 0.5%. A priority is to have an improved prevalence rate by including people with other codes associated with LD. 2. Rates of Health Checks have remained at 55% over people over 14. The target is 75% and is unlikely to be achieved. 3. Optimisation of medication 4. Reasonable adjustments 5. Engagement with local services in collaboration with PLD, families and carers <p>Has to be discussed at PCN level twice over the year. However it won't look at the quality of Annual Health Checks.</p> <p>NHSE/I has appointed a lead for Health Inequalities – Nicola Easy. A new Head of Quality is still to be appointed. Roger will facilitate discussions re the quality of health checks.</p> <p><u>Scotland</u> – The QOF changed in 2018. The original requirement for a database and one check has now been removed completely. Proposes healthcheck will be based on the RTC carried out in 2012. It will have 4 sections – Carers, Targeting Practice nurses, Role of LD nurse in identifying. Supporting health checks and Excellence in Care (response to Mid Staffs).</p> <p>Kirsten came and met with the Scottish government. 4 groups are looking at the paperwork by 31/3/2020. Trial sites in North Scotland will be identified.</p> <p><u>Wales</u> – Offering bite size training sessions for GPs/ nurses/ family/ carers.</p> <p>There is a helpful resource on the Mencap website called “Don't Miss Out” which is suitable for families. https://www.mencap.org.uk/advice-and-support/health/dont-miss-out/dont-miss-out-guides-and-resources</p> <p>Another helpful resource is the Toolkit in the RCGPLD website: https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/health-check-toolkit.aspx</p> <p>Action: All Senate members to promote this in our work, and to raise knowledge of QOF QI.</p> <p>Covid 19 There is a planning group on MH/LD/Autism streams re information on COVID 19. Action: Senate will disseminate any information.</p>	Attached
5.4	Credential training re LD for RCP – Charlotte Annesley	

	<p>Charlotte introduced herself as having a dual role as a geriatrician and also an LD physician. LD Physician is a recognised role in the Netherlands. She met with the RCP in December, and they agreed that they saw the need for such training. RCP recognised that physicians in specialities such as GI, neurology, orthopaedics etc don't currently have the skills set to work with people with LD. Agreed to develop a curriculum for physicians to be accredited in LD. They will need money to run the course. Looking at national guidance re the percentage of physicians who would need to be accredited. HEE may be able to support.</p> <p>Concerns were expressed about the issue of children's physical health and the role of community paediatrician which is reducing in scope</p>	
5.5	<p>Feedback from Transforming Care Stakeholder Roundtable – Dave Nuttall</p> <p>DN showed slides in which he clarified the new priorities for the future and an accompanying governance structure with a Building the Right Support Implementation group at the centre. Action: DN to check whether slides can be circulated.</p> <p>Questions were raised about the human rights issues that have been raised as a concern recently. There appeared to be insufficient emphasis on physical health, the improvement of community services and quality of prescribing</p>	DN
5.6	<p>Update on Autism Strategy, pilot and outputs from Task & Finish Group 3 – Dave Nuttall</p> <p>DN confirmed that the autism strategy will be published in spring 2020. There will be 4 Outcome areas:</p> <ul style="list-style-type: none"> • Health and wellbeing • Social inclusion • Opportunities to achieve and reach potential • Living as safely and independently as possible in the community and having access to justice <p>Mandatory training – 2 tenders. One for the live training and the other for academic partners to undertake evaluation.</p> <p>Task and Finish group – recently published its outputs – Commissioning framework, toolkit and prevalence calculator; and autism waiting times data.</p> <p>Action: DN to check whether slides can be circulated/ and links to the output of the Task and Finish group.</p>	DN
5.7	<p>Update from NHSE/I - Roger Banks</p> <p>Deferred to next meeting</p>	
5.8	<p>QLND Community Standards – Amy Colwill</p> <p>Deferred to next meeting</p>	
5.9	<p>New/ Emerging roles – Lisa Proctor</p> <p>Lisa works in HEE on New and Emerging roles in LD and Autism for both children and adults. This is a 2 phase project.</p> <ol style="list-style-type: none"> 1. State of the Nation – scoping what the new and emerging roles are. Led by University of East Anglia. There will be a series of workshops around the country; 1:1 interviews; and a literature review. Will formulate ideas around themes. 	

	<p>2. Shape and explore the themes – Looking for individuals to join an Expert Reference group with Clare Dowling (Autism Lead NHSE) and Ashok to making recommendations about the priorities and implementations. 1st meeting will be at the end of March. Hope to have 5 meetings by the end of September.</p> <p>Findings to be reported to the LD Professional Senate at the December 2020 meeting. Action: KD to agenda for Dec Meeting.</p>	
5.10	<p>Loneliness and PLD – Karen Dodd</p> <p>KD gave a presentation describing the problems of loneliness and local initiatives in Surrey. One suggestion was to look to services for older people for ideas. Social prescribing was raised as a possible option.</p> <p>All Wales Self Advocacy group have done some work on County Lines and Cuckooing funded by Police Services. Agree that they should come and present at a future meeting. Action: Wales reps to organise please</p> <p>Other initiatives: Cumbria are looking at issues of transport and loneliness through their Partnership Board</p> <p>Dates'n' Mates schemes have proved effective</p> <p>Companion Cards re transport</p> <p>Training for Bus / train companies to stop abuse</p> <p>Importance of Connections to reduce loneliness</p> <p>Role of LD Senate – Action: ALL to promote issues around loneliness, recognising that it is a massive issue, which affects people's physical and mental health</p>	<p>Wales reps</p> <p>ALL</p>
6	Updates	
6.1	<p>Senate response to recent media reports of abuse of inpatients / value of Inpatient care for people with Learning Disabilities/Autism – Ashok Roy & Viv Cooper</p> <p>The meeting had a wide ranging discussion:</p> <ul style="list-style-type: none"> • Need to have an All Nation response. • Training and development for staff – need the skills to support specific individuals • Challenge of community provision as well as inpatient • Lead Provider Network – will be given money, authority, responsibility to make it happen • Issue of capacity in community • Change culture of workforce –need to create career pathways • How do professionals support providers and workforce development. We have a responsibility to the community and the population. Organisational culture is vital. 	
6.2	<p>LD Senate Conference 2020</p> <p>The details of the conference were agreed and will be circulated. Bookings will be done via Eventbrite.</p>	Attached
7.	Report Back	

7.1	<p>Meetings</p> <p>GOLD</p> <ul style="list-style-type: none"> Two conferences have been planned in October 2020 on dementia and January 2021 on Living Well when getting older. <p>CYP National taskforce</p> <ul style="list-style-type: none"> Vicki Baker attended focussed on all MH Inpatients. LD and autism are on the agenda. Discussions on inclusive units or specialist units for LD/ Autism. There was no provision being planned for children with challenging behaviour. Seem to be reinventing wheel re what good looks like for children. 	
7.2	<p>Feedback from Nations</p> <p><u>Northern Ireland</u></p> <ul style="list-style-type: none"> Government has been established and the minister will decide about how to take forward the Muckamore Abbey Hospital enquiry, including a leadership and governance review. Implemented DOLS in Dec 2019. Awaiting draft LD Service model to be consulted on DH – Working group on Restraint and Seclusion which will produce guidance <p><u>Wales</u></p> <ul style="list-style-type: none"> Improving Lives of PLD 2018 has been launched LD Ministerial Advisory group has been set up, with a direct focus on NHS Improvements. Has 4 workstreams on increasing Annual Health Checks, Reasonable Adjustments in hospital care, increasing use of the Health Equality Framework, increased Investment in Children and Young People with LD, Looking to improve access to specialist LD Provision. Producing a framework for reducing restrictive practices – will include trauma informed care, PBS, Crisis care and prevention. There will be an Improvement Board for each Health Board. <p><u>Scotland</u></p> <ul style="list-style-type: none"> Queens Nurse Institute for Scotland established Mental Healthcare and Treatment Review ended on January 31st to look at whether people with LD, Autism or LD & Autism should still be included in the Act. 	
8	<p>Feedback from Professional Bodies</p> <p>BPS</p> <ul style="list-style-type: none"> The President has written to training courses re PICA Best Practice guidance on supporting people with Autism Accessible leaflet on formulation 2 day Conference for 2020 – Creating Organisational Change to Embed Trauma Informed Care, Sexuality <p>Physiotherapy</p> <ul style="list-style-type: none"> Revamped leaflets – You're next patient has a LD. Link is: https://acppld.csp.org.uk/documents/so-your-next-patient-has-learning-disability-useful-leaflet-poster <p>BDA</p> <ul style="list-style-type: none"> Developing network of dietitians working with people with LD <p>COT</p> <ul style="list-style-type: none"> Launching new clinical forum for complex behaviour on the 27th March 	

	SLT <ul style="list-style-type: none"> Evaluating work re prevention RCGP <ul style="list-style-type: none"> Ideas for use of technology – SW has got some money 	
9	Dates for LD Professional Senate meetings 2020 Monday 2nd March 2020 - Royal College of Psychiatrists Monday 1st June 2020 – Royal College of Speech and Language Therapists Monday 7th September 2020 – College of Occupational Therapists Monday 7th December 2020 – To be confirmed	