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**Learning Disability**

**Professional**

**Senate**

**MINUTES**

**Learning Disability Professional Senate**

**Meeting held on Monday 4th March 2024**

**09:00am to 12:30pm via MS Team**

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|  | **Welcome, Introductions and Apologies** |
|  | Viki Baker welcomed all to the meeting and introductions were made |
|  | **Minutes of the last Meeting** |
|  | The minutes of last meeting were agreed as a true record of events. |
|  | **Action Log** |
|  | The Senate action plan was shared and updated – (see below)  **Conference is underway further updates will be provided**  **Obesity position statement has been paused until June 2024.**  **Lynette is leading on this – it was agreed for AR VB to contact Lynette.** |
| **4.** | **National Updates (9.30 -10.30)** |
|  | **Wales – Dr Ruth Wyn Williams**    **See slides above.**  Ruth advised the Action Plan delivers services in Wales and is delivering the policy direction across health and social care, employment and housing.  **Action Plan**  Specialist Practice - Audit Cycle  There are five Learning Disability specialist inpatient services audit cycles. The aim of the audit cycle is to identify individuals who are delayed in their progression and to provide reassurance that individuals with care and support needs are progressed and are on the right pathway.  They also aim to create a dashboard of relevant measures for Learning Disability which will include information from this audit. Data has been collecting over 12 months and from now until the end of March they will be looking at the quality of some of the data collected to get a report on how it works to provide bespoke regional and national reporting.  Building Blocks Report  The building blocks report has been reviewed – awaiting final report which will be shared publicly.  Learning Disability Assurance Group  Explores and captures any plans that is going forward on a national level.  Mortality Review  An agreement has been reached between the Welsh Government Improvement Cymru which in the NHS Executive now. The Medical Examiner is also sharing data for the first time.  The Minister has agreed on the final report of their mortality review, which covers period 2012 to 2022 and publication is imminent. They are currently looking at a spotlight analysis of any specific issues which may come out of the review and this will be shared publicly.  Ruth shared the findings are very similar to LeDER i.e similar mortality gaps in avoidable and preventable causes of death which include respiratory infections and cancer which is also high in Wales. She also advised there is no sign in the 10 year period of reporting of any reduction in any of the deaths around intestinal obstruction or dysphasia which is worrying and they will be looking at the recommendations to improve their strategy in obtaining data in Wales  Education and Training  Paul Ridd Learning Disability Education and Training programme Foundation Phase launched April 2022 and is mandated by health boards.   * Tier 1 is mandatory and is ongoing. Once training has been picked up, it will be reviewed on an annual basis. * Tier 2 is the enhanced training and they have just finished consultation and will go to test phase from the end of March 2024 * Once Tier 2 has gone through the test phase, Tier 3 Advanced will be looked at by the end of this year.   Developing Quality and Safety Standards  Developing Quality and Safety Standards for Adult Learning Disability Services is ongoing.  Learning Disability Annual Health Checks  It was reported that this year they have been provided additional funding for each health board to assist in improving access. They have now received the evaluation reports from health boards and are waiting for the next funding round to go out after March to ascertain whether the additional funding has worked. Each health board has adapted a different approach and how they use lighter funding to ensure best use of the money.  Plans are being developed for a cluster based approach to the delivery of the health checks  together with digitalisation of the health equality framework. In consideration of this there is a service user outcome tool and they are looking at how this data will improve and shape services in the future.  Physical Health Improvements  They are progressing with the validation of a bowel screening tool. The first meeting was held in November 2023. They worked alongside Public Health Wales for the Vaccine Preventable Disease Programme. The project looked at how people with a Learning Disability are mainstreamed into all public health Wales guidance that goes out i.e. ensuring guidance and materials are easy to read. This campaign ran from autumn to winter and they are now looking to ensure Covid vaccines are continually available.  They have received the final reports of the health profile and evaluation and are in the process of considering the findings. Some of them and recommendations are about increasing ownership among people with a learning disability and their families. This is a health profile for people to go their pharmacy or their GP and it is not just for the acute sector.  Discussions are ongoing with the Welsh Ambulance Service around their patient records and their capability of flagging reasonable adjustments within the Welsh Ambulance. They are currently looking at the care bundle and joining that up with a health profile which are all around the safety and quality of care for people with Learning Disability.  They are exploring the role of the function of the acute and community liaison nurses in Wales and developing a dashboard to make sure they have the right information for those  going into hospital or providing healthcare.  Action continues around recruiting and retaining Learning Disability Nurses. It was reported recruitment in Wales this year is 120 (over 3 universities). They are looking at solutions and one of them is around how health boards advertise nursing jobs and are working alongside Health Education Improvement Wales to try and focus on the retention. They have also employed retention leads in each health board to look at the health and well-being of staff and how we ensure that staff retention.  Wales has signed an agreement has been signed with India for the recruitment of international nurses and international students to Wales in mental health.    Children and Young People  A literature review has been commissioned on models of CYP with a learning disability and have now commenced two primary research areas looking at the CALDS Model across the 2 services in Wales that use the model and will consider whether it will be a national model or not.  The community practice for children and young people continues to grow and now has approximately 400 memberships. Improvement projects are being funding across children's services from early intervention to transition into adult service.  They completed some work with schools for the first time and are trying to work closer with education to look at those needs.  There are plans to put a lens for learning disability on the NEST Framework (this is the framework for the wellbeing and mental health of children and young people). This will provide a guidance to children's services on the well-being of children with learning disability. The plan is to ensure the action plan materialises into a long term plan for children and young people and adults in Wales  Viki thanked Ruth for her comprehensive overview.  **Questions**   1. Viki Baker   Asked whether speech and language therapists are involved in the national steering around Dysphagia?  Ruth advised they will be, however this is something coming out of the mortality review and has not been published yet, thus no firm action plan.  Ruth also raised the need to ‘shine a light’ on people with profound complex needs around the issues of dysphagia.  She also advised there are a few learning disability nurses who work in dysphagia services in Wales alongside speech and language therapists.   1. Kirsten Lamb   Kirsten thanked Ruth for her impressive feedback and asked for a response to the following:-   1. Whether the Mortality Review was a one off review of all deaths over a 10 year period and whether they will stop reviewing and work on what to do about it? 2. The Learning Disability Annual Health Checks - whether they require anyone particular in the practice to do the check and how and how will it be monitored?  What is done in it and what the quality is as this is a deficit in England. 3. The  bowel health tool kit. - Is this about how to do cancer screening or is it bowel health in general?   Response to questions - Ruth Wyn-Williams   1. Mortality Review - will be recommended to be a continual review.  Their analysts are currently looking at a process of how they can do it efficiently with the goal to collect data annually but they do not have a specific LD data strategy and are working towards this.   Regarding the mortality review Kirstine asked whether they were being more meticulous around ethnicity recording as this is proving to be a really big dilemma.  Ruth replied, it was identified within the report that they should do it better and that some of the information they have around flagging within their services are not accurate, these are things that need to be put in place.  Ruth acknowledged there is room for improvement. 2. Annual Health Checks - at the moment it is a directed enhanced service for the GP practices.  Some GPs have advanced nurse practitioners that will work with the GPs to facilitate health checks. Currently as a directed enhance service GPs claim for each health check completed.  There are plans for offering health checks at cluster level, with 2 pilot areas identified, those pilots will be looking at quality and not just the quantity, identifying resources and workforce requirements. 3. Bowel Health – the need for a bowel health tool was a response to the number of deaths due to constipation noted and recognising the need to upskill all stakeholders. Thus a tool to help people with learning disability and their families to screen bowel health early, as often they come to health care too late. The validation of the tool was done with people with learning disabilities and for families and is a way to assist families and people with learning disabilities to identify signs and symptoms early.   **Scotland - Isla McGlade**  Isla thanked Ruth for her feedback.  **Feedback**  Consultation in Learning Disability  It was reported that the biggest overarching policy driver for Scotland at present is the Consultation in the Learning Disability, Autism and Neurodiverse Bill that is now out. This covers a wide range of topics in Scotland, including mandatory education in relation to people with learning disabilities, health checks and data communication. The consultation opened in the 29th of December 2023 and it closes towards the end of April 2024 and this policy will inform the policies across all of the group areas in Scotland in future including Learning Disability Nursing. ***Isla agreed to share the outcomes once they have an understanding of what the consultation returns***.  Health Checks  This has been rolled out and is now in process and the first data point for the health checks will be the 31st of March 2024.  Differing from the direct enhanced services across the rest of the countries in the UK, Scotland have a directive to NHS Scotland. There are 14 NHS boards in Scotland and there is a legal requirement on those boards to deliver the health checks for adults age 16 plus with a learning disability. This must be delivered by a registered nurse/medical practitioner across any of the 4 fields which includes general practice and primary care.  The Scottish Ambulance Service has a Key Information Summary (KIS) which is a collection of information about a patient extracted from a patient’s general record. Going forward they would like to be in a position where the outcome of the health check is added on to KIS which will enable clinicians to see what the health care needs are of somebody presenting out of hours.  For the first time in Scotland and as part of the 2030 strategy the Scottish Ambulance Service have a policy specifically in relation to people with learning disabilities. This will primarily be looking at reasonable adjustments and the service be made better for people in an out of hours service and also a similar position in terms of NHS 24. Both organisations will present at Learning Disability Week which is held every year on first week in May and there will big push this year on  digital inclusion.  Funding  Funding in Scotland is based on NRAC and is anchored on the general population. Currently funding in relation to the evaluation of the different modalities that are going to be rolled out across Scotland is being considered. Isla confirmed the census outputs will be published at the end of August/September 2024  All 14 territorial boards in Scotland have had their share of the funding and have been asked if they were to achieve 100% up take of health checks in a variety of models, in a way in which they see as best practice, how much money would they would need going forward. However given he census point they do not know exactly what the population is of people with learning disabilities. Realistically it will not be achieved in this financial year, but the idea is to build it into civil servants asking ministers to approve those kind of monies going forward.  There is no negotiation in terms of healthcare support workers delivering health checks in Scotland and this is a clear directive from the Chief Nursing Officer. There will be opportunities and discussions around other professionals in the future being involved in the accountability of  the health checks. If there are other professionals across health and care who has a particular relationships with individuals, they are welcome to be a part of that health check, but they are not accountable for it. These directions allow the territorial boards to come up with different models of Scotland and will be different to the other countries. Scotland currently has 4 primary care led territorial boards delivering a local enhanced service, however if any of the primary care practices do not sign up they must provide an alternative in terms of the delivery of the health check. The other ten boards in Scotland are a nurse led models and within that there are a variety of models within that and it may be that it is all delivered by learning disability nurses or primary care nurses or a combination of both.  National Screening Programmes  A lot of the work in terms of health sits within the health checks. NHS Lothian led on gathering information in different language and from different forums and that piece of work for the three cancer screening programmes and for the other three screening programmes in Scotland which is Diabetic Retinal Programme AAA and pregnancy screening was launched in December. This is still linked to NHS Lothian site but it will moved to NHS Scotland site. ***Link to be shared.***  Data Lead  In terms of data there are gaps but the Scottish Government has employed a data lead who previously worked with the Scottish Learning Disability Observatory in Scotland and has been in post for 3 weeks and will be introduced to the Senate in the future.  ‘Coming Home’  Another big piece of work is in relation to ‘Coming Home’. This is focussed on delayed discharge from inpatient services. The Scottish Government provided 20 million pounds to health and social care partnerships, of which there are 31 in Scotland.  These are all divided within the health boards. The health and social care partnerships have been asked how they are spending or have spent their money and what their intentions are in relation to supporting individuals.  One of the biggest challenges remains recruitment of staff across health and care.  Isla agreed to share the data set.  Recruitment  Recruitment across health and care in Scotland remains challenging. Scotland has a nursing and midwifery task force and it fair to assume that marketing to attract, recruit, retain and support employees across Scotland will be high on the agenda  The Scottish Learning Disability Nurse Leads Group are focussing heavily on what the educational support of senior learning disability nurses in Scotland is and can we support more of them in terms of PhD, Professional Doctorate etc. The data for this is now available. In 2013 a nursing and educational framework was developed for learning disability nurses and this has been agreed as part of the Learning Disability, Nursing Education and Workforce Review to be a key outcome.  Allied Health Professions  In terms of health checks they have kept both the Scottish Learning Disability Allied Health Professions and the Scottish AHP Federation up to date regarding the involvement or not of AHPS as accountable clinicians at some point in the future. They are also looking at Scottish Ambulance Service and whether or not this is a possibility in terms of supporting health checks. However it is recognised there has to be a registered nurse, registered medical practitioner and if they go along that line it will have to be supported by a pilot and various research.  Research in Scotland sits within Primary Care and is based on registered nurses, and registered medical practitioners delivering the health checks to date.  Isla extended thanks to colleagues who have been in touch with over the last few months, Kirsten in particular.  Viki thanked Isla for joining whilst she is on annual leave.  **Questions**  Kirsten Lamb   1. Are you prescribing exactly what the content of the health check should be and how it's to be recorded, therefore how it's to be audited 2. what pre-check training are you requiring your registered nurses and registered medical practitioners to do?   **Response to questions – Isla McGlade**   1. The health check is called the Scottish Health Check for Adults with Learning Disability and everyone needs to follow the same pattern. In Scotland there is a variety of IT systems across health and care and it is a challenge in terms of ensuring that that data is captured in one system and needs to be transferred to another. Data is pulled through via public health. It was Spire however Spire is now closed and it will be replaced by Alba. 2. There are guidance notes for all practitioners. In terms of education, support, NHS Education for Scotland (NES) is one of the small number of specialist boards in Scotland and there is a health check section dedicated to the delivery of the health check which includes guidance support for professionals, the requirements for example, if somebody wants a supportive care, relative or paid with them, that must be adhered to.   *Kirsten thanked Isla.* ***She asked whether Isla could let her have sight of the Scottish Health Checks for adults with a Learning Disability****; and offered for information purposes to link Isla with a colleague in the North East (Kathy Peterson) who has presented at the Senate recently and who has developed the concept ‘Adult not Brought’ which now is has coded terms available using SNOWMED and is therefore auditable.*  *Isla thanked Kirsten and advised they are moving to SNOWMED and any help in relation to it in terms of data codes would be very helpful.*  Jason Crabtree   1. Jason raised that he was recently made aware of the Scottish Green Party taking a vote against/or banning applied behaviour analysis and positive behavioural support and asked whether this is filtering down in and whether we may need to be concerned as organisations in terms of supporting people with learning disabilities.   *Isla replied she is aware of this and feels it is not got the coverage in Scotland that perhaps it has elsewhere, but they are keeping an eye on things.*  *Viki advised Jason that it is on the Agenda for discission later.*  Indermeet Sawhney  Complimented Isla on the innovative and creative annual health checks and urged all nations to think creatively about health inequalities, how to improve health outcomes for patients, increasing access and how they are delivered. Isla acknowledged this and felt that sharing learning from each other is extremely helpful.  Isla also raised that due to financial constraints there is a ‘no travel ban’ in place for staff in Scotland and that they will not able to attend any face to face meetings which includes Senate. She is happy to have discussions regarding this offline.  **David Nuttall – Department of Health and Social Care**  David Nuttall thank Ruth and Isla for their interesting updates.  **Feedback**  Oliver McGowan Mandatory Training on Learning Disability and Autism  The main focus has been on getting the Code of Practice required to produce under the relevant legislation. It has been to a public consultation and feedback has been received. They are now getting close to publishing the document (subject to cross government clearances) and he will  provide a further update in the near future. The main point to raise is that as the Code is concluded and finalised it will set the parameters for the mandatory training and will determine how it will be done and implemented so that costings can be finalised to allow it go through the process of getting formal clearance.  In terms of roll out, a good number of people have completed the e-learning component. They are now in the process of rolling out a 90 minute webinar for Tier 1 with people with lived experience to complete the Tier one stage. Tier 2 is a one day training session.  Building the Right Support  In regard to the programme of work to reduce the number of people with Learning Disability and Autism who are using or who are in specialist mental health inpatient settings through investment community support. They are seeing 2 distinct trends emerging in the data for people with a learning disability and are seeing significant reductions in the numbers inpatients of 50 to 60% reductions. In contrast to that they are seeing the number of people who do not have a learning disability diagnosis who are in patients in predominantly mental health pathways and they thinking about the right response to this.  In regard to data there are 2 things to note.   1. Their data for January, which is due to be published in February, was delayed due to issues with the data. This has now been resolved and the figures should be published this week. 2. The data for February will be published in March and will provide a sense of progress   Down Syndrome Act  The Department are currently doing a focussed piece of work to describe the needs of people with Down Syndrome across the areas covered by the legislation i.e. within health, social care, housing and education and quite a lot of work will be looking at the academic and professional evidence underpinning particular needs of people with Down Syndrome. Alongside the needs development, an exercise has been undertaken to map all of the statutory requirements that relate to this group of people and their needs, and bringing it together in one place.  There has also been extensive piece of engagement with people Down Syndrome themselves around their call for evidence results and the Draft Guidance to be developed to ensure it includes the views of people with Down Syndrome to inform the work they are doing but also ensuring they are explaining how they are developing the products and the documents and what they are doing ahead of going to formal consultation.  The next steps will be to head towards publishing both the draft Guidance for Consultation and a summary of the call for evidence results. There is no timetable for this as yet.  Update of the Autism Strategy Guidance  As part of the Autism Act there is a requirement of to have statutory guidance to ensure it is relevant and they are in process of updating it. It was reported they have a version which brings together the relevant statutory provisions and have been working with the Autism stakeholder groups and will be sharing a further draught with them shortly. They will be heading towards completing a final draught of that Guidance around the same time as the Guidance on Down's syndrome.  Independently Chaired Care Education Treatment Reviews  These are reviews carried out on the care of people who are detained in long term segregation as part of quality improvement work. It was reported they have effectively commissioned the Care Quality Commission, the regulator in England and work is under way to develop a slightly revised process for this and they are expecting this work to recommence this year with the aim and purpose is to ensure people can be moved out of restrictive environments as quickly as possible and that the right steps are put in place to ensure that people are moved back towards Community support and preventing people from entering restricting environments in the future.  Finally the report by the Race Quality Foundation ‘We Deserve Better’ which looked at the disparities people of learning disability and people from particular ethnicities is out. The Race Equality Foundation hosted a round table event which he attended last week which looked at how can we can implement some of the recommendations.  Viki Baker stressed are many different voluntary sector organisations working on behalf of people with a Learning Disability who are producing a series of campaign materials which relate to the ineffectiveness of the Building the Right Support Programme and in particular what that means for the lives of people with a learning disability in terms of the numbers of people in inpatient care and how that money could be spent differently in terms of community support.  In response David Nuttall stated that potentially there is a need for differential approaches for individuals with Autism, who do not have a learning disability, and who are on mental health pathways and the appropriateness of these arrangements and whether some of the approaches taken on Building the Right Support are relevant in such cases.  Viki thanked David for his feedback.  **Questions**  Kirsten Lamb  Kirsten raised the following 3 points but stated she is happy to pick them up outside of this meeting.   1. She is getting a lot of concerns raised by GPs about the Tier 2 face to face Oliver McGowan Training from Primary Care and she would like to discuss this further. 2. The Down Syndrome Act and in particular the potential unexpected repercussions for the non-Down Syndrome population with a Learning Disability. She stated that only 5% of patients on her practice register had with Down Syndrome. A lot of patients had undiagnosed causes of their Learning Disability, Learning Disability with Cerebral Palsy or extraordinary rare syndromes etc. 3. We Deserve Better – work was completed in Hertfordshire some years ago which revealed which revealed a discrepancy between the ethnic profiles of their LD patients known to the local authority against the demographic profile of the county. It found that people from ethnic minority populations did not seem to be known to the local authority or to primary care and the problem was how do you find and support people who are not known; and how could this be recorded.   **Response**  David Nuttall acknowledged there is lots to say on all the queries Kirsten raised and requested she pick these up outside of the meeting.  With regard to Tier 2 training – as mentioned earlier he is attending all day training on Thursday. Mainly to absorb first hand and figure out whether it is doing what it is supposed to do and whether we need more time for it.  Jonathan Beebee   1. Oliver McGowan Training   Jonathan said he is looking forward to seeing the consultation. It was felt the training was rushed through and a lot of their members had concerns about the package. He also mentioned they would like to see support for alternatives to the Oliver McGowan training for meeting the standards and how providers the support with this.   1. Social Care   He also wanted to raise Social Care and in particular the financial situation that Isla mentioned and how this may impact on ambitions to discharge people from hospital. He has heard from local authorities who are not giving providers at any uplifts at all this year, despite there being a 9.7% rise in minimum wage and packages being recommissioned on mass to try and get cheaper providers which will remove some of the skilled social care support and he is concerned how some of the financial pressures may impact on ambitions to discharge people from health settings  **Response**  David Nuttall acknowledged it is a legitimate concern and there are a lot of different factors. However he is conscious there is a budget coming up which will have an impact in terms of the achievability of some of the things that we're talking about.  Siobhan Rogers  Raised that as far as she is aware the Down Syndrome Act is UK wide as opposed to England and asked whether there is anyone from Northern Ireland involved in work around developing the Act.  David Nuttall stated that territory was ultimately England. Initially there was a lot of interest in it being UK wide but for a variety of reasons it was not supported.  Vicky Romilly – Royal College of Speech and Language Therapy  Picking up on some of David’s points around Autism Guidance. She stated that she did not feel familiar whether that had come to professional bodies but both the Royal College of Speech and Language and the Royal College of Occupational therapists would welcome some direct involvement.  David Nuttall stated he did not thing they had formally come out to all of the professional bodies yet, and will take this back to check with the teams in terms of what the intent and plans are around this.  Joanna Dwyer  Echoed what Vicky said above and added she has had a conversation regarding this with people from the Royal College of Occupational Therapists and they have received some feedback but they would welcome some further involvement.  **Siobhan Rogers - Northern Ireland**  Learning Disability Strategic Plan  The feedback below was shared and verbalised by Siobhan.    Siobhan stressed the need for clarity on the role of specialist learning disability inpatient care for people and asked whether there is a document that clearly defines the role of in-patient care for people with an LD - if not, should Senate develop this?  **Response**  Ashok Roy  Ashok Roy felt the answer is yes and no, because we have talked about Quality Standards and  and various aspects of long term restrictive practices but we have not re-visited who it is best for and what else should be there to make it actually function in the way we want. He stated he is happy to take advice from Ken and there is a forum where this can be picked up but he feels  it is reaching a crisis point in their area.  Siobhan stated that not only is it reach crisis point it is at risk of being lost or defined inappropriately. There is a role for it but there needs to be a very tight definition around it as it has been used inappropriately. People have come to harm but the question is do  we want to lose IP care completely?  Jonathan Beebee  Advised there was a lot of publications in the early 1990s/early 2000s, around how mental health hospitals were not appropriate for people with learning disabilities. A lot of the direction, particularly in England, over the last 10 years has been to group mental health and learning disability hospitals together and to push towards a closure of these hospitals.  Indermeet Sawhney  Stated our patients needs that specialist A&T and will be very vulnerable in mainstream mental health units. What is needed is robust inpatient standards to ensure they receive effective high quality and safe care in inpatient units.  Viki Baker asked Ashok Roy what we should do next as a Senate. Ashok Roy felt that advice would need to be taken from National Lead. We are not short of standards for inpatient care but the question is who is it for? We need to think about how the Senate articulates this particular question. It is naive to think that everybody with a learning disability will get a great service in a mainstream mental health and suggested the Senate produces a discussion document which talks about the role of the service, not just in the quality.  Ken Courtney  Agreed with Indermeet and felt it is around the quality of care that is being provided and in services and we need to emphasise that and do more work around it. It's a really thorny question, I have to say, but this is how it is at the moment.  In terms of NHS England, Ken advised he is new to the role and is currently getting to grips with what is going on.  Ashok raised there is a similar crisis in children's inpatient services and there is again this belief that the existing CAMHS LD Services are not functioning well, are too expensive and outcomes are not great and the response is ‘let’s just close them’. Again children have been found to get a really poor service in mainstream CAMHS Services and felt it needs to be looked at from a all age perspective.  Heather Hannah raised that she will be speaking about the Children’s inpatient services later on the agenda.  Muckamore Abbey Hospital is due to close in June this year and work. There is a Regional Oversight Board which continues to focus on the remaining 25 people that need to be resettled. It is unlikely all of those people are going to be out by June however the Minister is committed to achieving this date and there is ongoing discussion regarding interim arrangement i.e. where will people go if their community placements are not available or ready? The PSNI investigation and judicial process is ongoing however the public enquiry has been delayed. It was due to have heard all of the oral evidence by June but this has now been pushed back to October. The reason for the delay is because the chair has had urgent heart surgery.  The Belfast Trust currently have the consultation on the plan to close Muckamore and that is why there is no real clarity about the role of inpatient care for people with the Learning Disability and it would be helpful to get that clarity.  The Department of Health are currently undertaking work across the five trusts to ensure Implementation and roll out and the aim is to ensure children and young people can access specialist therapeutic support in the community. The biggest challenge is that they do not have a workforce across health and social care that want to work within LD services and this is one of the biggest reasons why resettlement is such a problem. She asked if there was any work happening across the 4 countries they would love to be involved in this to celebrate what they do.  Leanne Gelder  [NHS England » Commissioning framework for mental health inpatient services](https://www.england.nhs.uk/long-read/commissioning-framework-for-mental-health-inpatient-services/)  Leanne shared the above link to the commissioning framework published in December for anyone who hasn’t already seen it. The framework talks about acute inpatient care for people with Learning Disability and Autism.  **Action for Senate**   1. **Members to let Viki and Ashok know if anyone is interested in meeting outside of this meeting and before the next meeting to discuss its content further.** 2. **Debbie to add as an Agenda Item for the next meeting**   **Regional Policy on Restraint and Seclusion**    Leanne reported they have a Regional Policy on restraint and seclusion which is causing a lot of anxiety across Adult Learning Disability Services and there is a lot of resistance to implementation. Some people are actually suggesting that Social Care providers will hand back packages and that it may impact on resettlement. |
| **5.** | **Rolling Items (10.30 -11.30)** |
|  | **STOMP – Dave Gerrard/Carl Shaw/Emma Clark**  **(please see updated presentation given by below)**    David Gerrard thanked Carl for his presentation and advised Carl’s survey results have not been finalised and he will come back with more detailed themes in due course.  He reported that since the STOMP programme was initiated as a call to action in 2017, all use of antipsychotics and learning disability, be it for serious mental illness and or other indication as such as behavioural indications, has reduced as is the use of antipsychotics, where there is not a serious mental illness diagnosed. Looking at comparisons, to rates in general population there is still a significantly higher chance of people being given this medication because they have Learning Disability, and this needs more work.  The use of Benzodiazepines around rescue medication has fallen more significantly than the other rates of medication, and that is to be welcomed. However the caveat against that is that the use of anti-seizure medication where there is no clear diagnosis of seizure activity or epilepsy was reducing but has now levelled back out again and the rates of antidepressant prescribing, particularly where there's no indication for anxiety and depression, is significantly rising and is mirrored across the general population. He mentioned the BMJ article a few months ago where there was some quite significant questioning around what needs to be done about that and he feels this fits nicely with this STAMP/STOMP Agenda.  Carl's survey has picked up some really vital themes that we do need help and support with. He raised there is still as much as 2/3 of people plus who have never having heard of the STOMP/STAMP Agenda and the critical change for STAMP/STOMP is the need to focus on good optimization across the sectors of care, focusing on holistic outcome, person centred care, excellent, reasonably adjusted care to ensure the care and support is better than it has been at any other time. There is now a Specialist Practitioner Group that focuses directly on medicine optimization. The group is very active and has 80 or so members who are primarily pharmacists, but with quite a number of nurses.  Regarding MindEd they are currently in the process of signing off modules 7 to 10 these will hopefully be launched in June 2024.  Standards of Practice will be picked up again at future meetings as they will require representation across Senate members and across the Royal colleges to get a balanced and consistent set of updated standards that allow people to understand what it is being asked of them around STAMP/STOMP practices.  Valproate  Noted there has been a change in guidance.  **Multicultural STOMP presentation deferred**  **Martha Claxton-Kane - Autism and LD Position Statement**  Martha shared her presentation – awaited.  **Conference Planning Update – planning is well underway , post meeting note -**conference postponed to Autumn 2024 |
| **6** | **New Items for Discussion** |
|  | **Judith Reep/Diana Ramsey – Occupational Rights shared their work**  <https://prezi.com/view/3WrCmzJlVgfAdVUcYbbh/> .  **Heather Hannah - CAIDPN update re inpatient settings for children (Presentation) –** Heather shared her presentation :    **LTS/Solitary Confinement (Discussion)**  **Scottish Green Party ABA (Discussion)** |
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|  | **Dates for future LD Professional Senate meetings:**  3rd June 2024 9:00am -12.30pm  2nd September 2024 9:00am -12.30pm  2nd December 2024 9:00am -12:30pm  **LD Senate Conference** **17th October 2024** |
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