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 **Learning Disability**

 **Professional Senate**

**Learning Disability Professional Senate**

**Via MS Teams**

**Minutes of the Meeting held on Monday 4th September 2023**

1. **Attendees**

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| **Name** | **Profession** |
| Karen Dodd | BPS and Co-Chair |
| Ashok Roy | RCPsych & Co-Chair |
| Deepak Agnihotri | NHSE NW & Chartered Society of Physiotherapists |
| Viki Baker | RCSLT  |
| Jonathan Beebee | RCN |
| Sandy Bering | NHS Commissioners |
| Siobahn Brennan | BASW |
| Briony Caffrey | British Dietetic Association |
| Madeline Cooper  | NDTI |
| Tom Crossland | BPS |
| Ken Courtenay | RCPsych |
| Jason Crabtree | ELNHSFT |
| Matthew Dodwell | NAS |
| Jo Dwyer | College of OT rep |
| Dave Gerrard | NHSE/I |
| Heather Hanna | NI rep |
| Samantha Harker | BASW |
| Lynette Kennedy | Nurse Consultant Network |
| Kirsten Lamb | Royal College of General Practitioners |
| Lucy Legiewicz-Preston | NHSE |
| James McInerny | HI, DHSC |
| David Nuttall | DHSC |
| Janine Robinson | NHSE |
| Siobhan Rogan | NI rep |
| Wendy Ruck | Arts Therapies rep |
| Vicky Romilly | SLT |
| Andre Strydom | LeDeR |
| Sarah Swindells | Dimensions |
| Claire Swithenbank | NHSE NW |
| Katy Welsh | RCN |

**APOLOGIES:**

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| Jonathan Beebee | RCN |
| Katherine Petersen | GP |
| Graham Carr | NHSE/I Southwest |
| Su Fox | NHSE |
| Anne Worrall Davis | NHSE |
| Isla McGlade | Scotland rep |
| Martha Kaxton Lane | BPS CYP LD network |
| Julia King | NHSE |
| Susan Hastewell Gibbs | NHSE NW |
| Indermeet Sawhney | RCPsych |
| Emily Williams | NHSE |

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| **3** | **Minutes from Meeting held on the 5/6/2023**The minutes were agreed as a true record. |
| **4** | **Action Log** |  |
|  | The Action log was updated and is attached. | **Attached** |
| **5** | **New Co-Chair**Viki Baker from RCSLT has agreed to take over from Karen as co chair.Karen was thanked for all her amazing work and dedication she will be hugely missed |  |

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| **6** | **National Updates** |  |
| **6.1** | **Policy related updates David Nuttall (DHSC)** * **Code of Practice for Oliver McGowan Mandatory Training** **–** This is currently being developed jointly by NHSE and Experts by Experience. It will be out for consultation shortly. It will set out standards for training re delivery, format, and content. The easy read version has been produced with a later closing date for comment.
* **Work with Baroness Hollins on ICTRs for people in long term segregation and seclusion –** 2nd round of reviews were completed at the end of March. There are recommendations for Government action, and the report will be published after ministerial scrutiny and approval. This includes a proposed change in language e.g. solitary confinement rather than long term segregation an that long term segregation should become a ‘never’ event.
* **Building the Right Support -** There are 3 task and finish groups on Commissioning; Funding flow; Transition from Children to Adult Services. There focus on understanding the variation between ICBs
* There is cross government work on autism, ADHD and Disability Action Plan.
* **Autism Act –** Statutory Guidance supporting the recently launched Autism Act is being drafted and is expected to be out for consultation by the end of this year.
* **Downs Syndrome Act –** The Call to Evidence phase has been completed, with over 1500 responses, which are being grouped under themes. Statutory Guidance for relevant Public Authorities is being written and there will be a Public Consultation later in the year.
* **Mental Health Act reform –** This is unlikely to be progressed in the lifetime of this parliament.
* **DWP** – looking at improving employment rates for autistic people.
* **SEND**  - Research has been commissioned to look at the SEND workforce focussing on demand and supply

Concern was expressed about the high costs for Oliver McGowan Mandatory Training (OMMT) and about the implementation of the Down Syndrome Act and the SEND report. DN suggested that the legislation was passed before the implementation process had been fully agreed and this led to some delays and uncertainties on how training was being made available. It was also clarified that OMMT had Tier 1 (universal) and Tier 2 (for service providers). “Tier 3” training as part of OMMT does not exist and should not be referred to although it will be for individual employers to determine if training at tier 3 is required for any of their staff. |  |
| **7.0** | **New Items** |  |
| **7.1** | **Audiology – Siobhan Brennan*** Higher prevalence 30-40% in LD compared to the general population 17%) still likely to be an underestimate
* High prevalence of poor ear health and compacted wax with adverse impact on quality of life
* Recent changes to primary care provision with reduced access to syringing
* Workforce pressures with 1 in 10 jobs being vacant, lack of hearing therapists supporting individuals re hyperacusis, postcode lottery in terms of specialists and domiciliary provision.
* Newborn screening programme changed the average age of fitting hearing aids from 26 months to 82 days
* Consider audiology as a possibility to include in future AP roles.

**Action – Audiology representation on the Senate will be provided by Siobhan** | **Presentation** |
| **7.2** | **LeDeR report 2022 – Andre Strydom*** The LeDeR report is due to be published mid October subject to Parliamentary approval.
* Delay in publication will allow for data to be collected.
* The report included autistic people without ID.
* The report will not include child deaths
* There is no specific Covid chapter
* Coproduction emphasised by the Staying Alive Group
* More accessible to a general readership with greater pictorial content
* A new National Child Mortality database (NCMD) is now being developed to include children with LD/Autism and will be published in 2024.
* Ata on autistic adults is not comprehensive as many deaths have not been identified and notified. About 100 were notified and around 36 have had a focussed review. The data is therefore incomplete and not representative.

Key preliminary findings* More deaths reported
* Fewer focussed reviews
* In autism most deaths were male and the commonest cause was suicide, accidental and misadventure.
* Median age of LD deaths has gone from 60 to 62.5 years with the commonest cause being disorders of the circulatory system. Covid deaths had fallen from 21% to 6%.
* Although there is an increase in referrals to the Coroner the rates are still lower than the general population.
* A seasonal peak of deaths in July was noted possibly linked to heat waves indicating an increased vulnerability
* The Forward for the report will be written by the coproduction team

NHS England deep dives were carried out on Coding, Constipation, admission of children to psychiatric hospital and as well as deaths caused by Diabetes, Epilepsy and PneumoniaPlanned NHS Deep Dives include barriers to vaccination, DNACPR, causes and impact of cardiovascular disease, bowel cancer as well as issues related to ethnicityThere are plans to introduce a digital flag next in 2024.  | **Presentation could not be shared until report is published** |
| **7.3** | **Positive Support – Karen Dodd**There is a need to reframe PBS with a focus on “Positive Support” which in turn can influence behaviour**Action****VB/AR will convene a working group to develop a Senate position on this**Working group - Viv Cooper, Siobhan Rogan, Sarah Swindells, Jason Crabtree, Jo Dwyer, Lynette Kennedy  | **Presentation** |
| **7.4** | **Obesity – Bryony Caffrey/ Justine Womack/ James McInerny**Obesity Position Paper and Regional Approaches in the South West and North West - SW LD health weight working group as part of Office for Health improvement and disparities,Described a range of system wide public health approach in regions and their workplans **Action*** **Briony to continue the work on the position statement as a Senate guidance document.**
 | **Presentation attached** |
| **8.** | **Updates** |  |
| **8.1** | **LD Senate Community Teams document**Ken has some additional final comments, felt should be additional detail on expectation of competencies and standards. Agreed that this was difficult to do this due to the range of commissioning arrangements. There needed to be an emphasis on care pathways and involvement of professional bodies. **Action**Karen and group will add in additional comments from today’s meeting after which it will be sent to all ICBs | **SB** |
| **8.2** | **Senate Conference**RCPsych had confirmed that they would provide the venue free of charge on May 7th 2024. Enquiries will be made about catering and admin costsConference will touch on Health Inequalities but will also showcase Senate reports and documents. All professional groups need to suggest a topic each | **AR** |
| **8.3** | **STOMP/STAMP*** Survey on the use of medication is being designed and the link will be shared for wider dissemination
* Ongoing work on Standardised Medication Reviews
* Concerns about the availability and the national shortages of medication especially for ADHD
 | **DG** |
| **8.4** | **‘What to do if’ document**Final version now in place. It is an England only as it had not been possible to get involvement from other nations for final document. The issues covered are relevant across nations.**Viki - To be disseminated via BILD , senate members etc.** |  |
| **8.5** | **Autism statement**Deferred to December meeting | **Martha Kaxton Lane** |
| **8.6** | **Autism Senate**An independent, multiprofessional, UK wide advisory body was being considered. LL and AR to report back on updates | **Lucille Legiewicz** |
| **8.7** | **Handover between services**Deferred to December | **Lynette Kennedy** |
| **8.8** | **QNLD**As Karen was stepping down a new Senate representative was requiredAn Advisory Group was being formed – Karen could be contacted for details | **All** |
| **8.9** | **CQC****KC to send email summary** | **KC** |
| **8.10** | **Workforce update**LL provided an update (slides attached) |  |
| **8.11** | **Feedback from other initiatives**Viki attends **Restrictive Practice Oversight Group** **Action: Viki to check and ask them to present at a future meeting , we may want to consider an alternative senate representation at this.****MH/LD Autism Quality Transformation Program – Improving Cultures in Inpatient Care.**A group has been set up – mostly Experts by Experience with MH/ Autism, and very few clinicians. There is a National Quality Improvement Programme starting in the autumn, with £36 million to work with 200 wards over 50 Trusts. A design specification is being written. **Action: See e-mail from Sandy that has been circulated for further information.** | **Viki****ALL** |
| **9.** | **Feedback** |  |
|  | **Updates from Nations – to be emailed by reps** |  |
|  | **Feedback from NHSE Regional reps** No updates at this meeting |  |
|  | **Feedback from Professions****Update from the Arts Therapies** ongoing work with colleagues (NHSE and others) to find funding to revise with co-production with Service users and experts by experience arts therapies practice guidance for therapists working with adults with a learning disability.  |  |
| **9.6** | **Feedback from meetings attended on behalf of the Senate –** No update |  |
| **10.** | **Any Other Business –** None |  |
| **11.** | **Dates for LD Professional Senate meetings 2023/24****Monday 4th December 2023 09.00 – 12.30 via Teams****Monday 4th March 2024 09.00 – 12.30 via Teams****Monday 3rd June 2024 09.00 – 12.30 via Teams****Monday 2nd September 2024 09.00 – 12.30 via Teams****Monday 2nd December 2024 09.00 – 12.30 via Teams** |  |