

Minutes of the Health Education England Kent Surrey and Sussex Intellectual Disabilities Board

Monday 5th June 2017 1130 - 1500 hrs

The Charis Centre, West Green Drive, Crawley West Sussex RH117EL

Attendees:

George Matuska (GM), - **Chair**
Rhona Westrip (RW), ID Programme Manager
Millie Doshi (MD)
Sally Hyde (SH)
Viki Baker (VB)
Annamarie Pedrosa (AMP)
Dave Hearn (DH)
Sarah Jewell (SJ1)

Apologies:

Annie Henley –Ashton (AHA)
Soline Jeram (SJ)
Nicki Fowler (NF)
Karen Lawson (KL)
Corrine Nikolva (CN)
Sally Smith (SS)
Sarah Jones (SJ)
Simon Cook (SC)
Martha Pusey (MP)
Tom Moore (TM)

In Attendance:

Emily Newsom (EN), **note taker**

Ref.	Item	Action
1.	<p>Welcome, Introduction and apologies were noted.</p> <p>GM welcomed all to the meeting. New members and deputies were provided with a back ground to the origins of the Intellectual Disabilities programme and board. This is the first workstream of its kind within HEE, it is recognised there has been a gap historically for representation amongst Intellectual Disabilities. It has become apparent that more work is required locally and nationally on recruiting and sustaining a suitable ID workforce.</p>	

2.	<p>Approval of draft minutes and matters arising from the meeting held on the 8th February 2017</p> <p>The board agreed the minutes as an accurate record.</p> <p>Outstanding actions:</p> <p>CN provided Amy Disendike contact details. EN and GM to follow up re GP representation on the board.</p> <p>GM and EN to follow up with contacts in Acute Hospital.</p> <p>RW explained the difficulty in getting a CYP representative, e.g. Head Teacher as this takes them away from time with the children.</p> <p>SJ1 offered to provide details of a SEND commissioner and Community Paediatric contact.</p> <p>Regrettably, KL had made contact with Provider TCP meeting to see if GM could attend but no response given.</p> <p>The Darzi Fellow (Sarah Trute) will attend a board meeting when progress updates are available on the Annual Health Check project.</p> <p>GM also advised that the minutes and communications regarding the Board will be publicly available on the website. Refer to link:</p> <p>https://idhekss.wordpress.com/meetings/</p>	
3.	<p>Programme Board Membership Update, welcome new members and ToR to be reviewed.</p> <p>A discussion took place amongst the group with regards to gaps in membership and GM invited the board for helpful contacts and ideas.</p> <p>The following areas were discussed:</p> <p>It was identified there is an obvious gap in Children and Young People being represented on the board.</p> <p>General Practice gap in membership to be followed up by GM and EN</p> <p>SH suggested potential links with regards to SEND pathway and Young Epilepsy at Lindfield and also offered to have a conversation with people from Kent with regards to this gap.</p>	

	<p>The group asked what the criteria would be for a member. GM advised someone who had direct contact with the ID population and would be candid in their views and have experience of workforce needs.</p> <p>The board suggested a 'Task and Finish' group for children and Young People which would link into the ID Board, widening membership but also acting as a sub group of the board.</p> <p>A further suggestion was to have a parent/carer member (someone with lived experience) RW said this would be the ideal but noted it would only be of value if it could be ensured that the involvement was meaningful, not tokenistic, and not too onerous.</p> <p>DH suggested that Darzi Fellows may be able to provide useful links to the board, for instance. Sally Morgan and the GP Fellow.</p> <p>The Terms of reference were reviewed and the following points agreed:</p> <ol style="list-style-type: none"> 1. The ToR should contain fluid wording; be a snapshot of what the board does, it needs to meet all needs. 2. Include Dentistry and AHP's for professional representative. 	
4.	<p>Highlight Report including TCP and STP work</p> <p>RW presented the board with the current Programme Highlight report. The following key areas were noted:</p> <ol style="list-style-type: none"> 1. Page 1 re 'future projects' the local director is requesting funds for a potentially bigger piece of work on Children and Young People, workforce scoping and report. 2. 'Scoping of HEI placements' has gone quiet and may need to reshape, it is currently on hold. It is recognised that all universities have LD placements. However, identifying how many and where is difficult. A 'single list' across regions is required, also to support Band Four Nursing Associates roles which propose unique challenges. 3. Annual Health Checks Pilot. Sarah Trute – Darzi Fellow - joined HEE KSS in April and is undertaking this work. She is exploring issues surround why there is a low take up of AHC within Kent Surrey and Sussex. GP's offer the service, but there is a very low take up. This piece of work may have several possible answers, and is about research and making contacts. ST will report recommendations to progress forward as a pilot, her work includes looking into the NHS England and Department of Health who hold enhanced money and ascertain where are all the barriers, this will generate questions. 	

	<p>Sarah's work will follow the origins of the funding and work through the system from the top downwards. She will then arrange meetings following this.</p> <p>A brief discussion followed on AHC, and GM noted that funding for AHC has two routes, it may go direct to either the CCG or to the GP practices directly.</p> <p>Action: SJ requested to link with Sarah Trute re AHC and links with PH AND Making Every Contact Count</p> <p>The following points were discussed with regards to projects in the report:</p> <ol style="list-style-type: none"> 1. Action – Share with networks flyer of LSBU MOOC when available 2. RW noted there are lots of projects due to finish in the next three months and easy read guides and lessons learnt will be available 3. All projects promote the prevention of silo working 4. Many projects have commissioned on the back discussions at ID Board meetings <p>For further details and other projects please refer to the attached link for further details on the Highlight report J:\LETB\Education & Quality\Education\Clinical Education\SDS\Intellectual Disabilities\Programme Board\5 June 2017\IDboardhighlightreportJune2017.docx</p> <p>RW also advised the board of the forthcoming Community of Practice event on the 15th June 2017. BILD has taken on this project to become sustainable without Health Education England. Following this event BILD will pull together an evaluation which aims to be a celebration of work in the community.</p> <p>TCP Update</p> <p>RW provided the group with a brief overview of the current situation amongst TCP's.</p> <ul style="list-style-type: none"> • Surrey and Sussex plans developing well • Kent proving more to engage • Hazel Carpenter is the new SRO (Senior Reporting Officer) (Kent and Medway) • The south and North TCPs are very different • It has recently been recognised that it is up to 70% more expensive having people in community settings than inpatient This means more workforce and funds are needed and to be able to discharge 500, will take an additional 5000 in the workforce • 280 people are currently held in secure units against their will, as there are no places in the community 	
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	<p>STP Update</p> <ul style="list-style-type: none"> • Lots of working with stakeholders is taking place across Sussex and East Surrey • Sussex and East Surrey has identified urgent and emergency care, mental health and cancer care as priority areas • Surrey Heartlands has identified a number of workforce development priorities which include reducing temporary workforce and agency spend, the development of a 'One Team' approach and improving recruitment and retention. • Kent and Medway has early priority areas concerning f agency and locum spend, paramedics, dementia workforce skills, Community, PC, PA's and pharmacy workforce <p>The board discussed the use of workforce from overseas. One example being the GP exchange with Holland and another the Erasmus Programme – Nursing exchange with Germany</p>	
5.	<p>Board Members Lunch and Learn</p> <p>AMP provided the board with a comprehensive and insightful background into Avalon.</p> <ul style="list-style-type: none"> • Avalon enable disabled adults to pursue independent living, across Thanet, Swale and Canterbury • It offers a 24/7 Service • Outreach service provided to support those living in their own flats • It works on a referral system from social care, but patients can also self-fund • Often big care packages are required, on average 30 hours and this can include personal care, social care, prompts for Doctors. • The site in Canterbury offers long term stays, some residents are there for the rest of their lives <p>The board asked AMP of workforce challenges?</p> <ul style="list-style-type: none"> • Role similar to Occupational Therapy • Staff become Health Navigators • Carers not always listened to when assisting patients to medical appointments, can delay correct care path for the patient. • Staff do way above and beyond • Young Workforce, low salaries • Training takes place in house • Additional external courses take place dependent on (patient/resident needs) • Patients do have annual health checks and Health action plans 	

6.	<p>Public Health</p> <p>SJ provided the board with an insight into her work as a programme Manager for HEEKSS and the work of Public Health England. Key points as follows:</p> <ul style="list-style-type: none"> • Plenty of opportunities for collaboration • Background areas of focus for HEE KSS as a result of the 2012 Health and social care Act • Public Health moved from Primary Care Trusts (PCT'S) • PH no longer part of NHS provision • The following are mandatory under the Department of PH, national programmes for child measurements, weight measures. • Core workforce, made up of PH consultants Medical/dental or non-medical, the aim for 2020 is to have 50% Clinical 50% non-clinicians • Making Every Contact Count 'MECC' is an PH initiative to enhance conversations and raise well-being, physical and emotional • Example peer support for residents in supported living • Kent are advanced with regard to the MECC and Fire and Rescue, Health Care Trusts and social housing providers are engaged. • Special needs schools may have a higher sugar consumption rate, presents inequality • Food poverty can lead to higher consumption of fat and salt. • SJ welcomed any ideas from the board for MECC ways of working. 	
7.	<p>Dental</p> <p>MD Dental Health Programme Manager for HEEKSS presented to the group about Oral Health with people with ID and the following areas were noted:</p> <ul style="list-style-type: none"> • More time for treatment • Challenging behaviour, sedation or general anaesthetic may be required • Holistic approach • Try and combine routine blood test with haircut, nail removed. • Combine specialities • Try and avoid unnecessary holding of id PATIENT • Collaborate with paediatrics • Commonly poorer oral health amongst LD patients • Promote Mouth Care Matters • Links between poor oral health and diabetes • Care home links • Poor oral health end result teeth extraction • Training needs to cross section various disciplines • Sharing skills re 'sedation' 	

	<ul style="list-style-type: none"> • Overcome professional conflicts • Educate carers – Capacity Act <p>The potential of having a Pod cast for ID following example of Mouthcare Matters campaign. Action: RW to follow up with MD</p>	
8.	<p>AOB</p> <p>Congratulations to George Matuska who received a Picalilley of the week. The article has also been shortlisted as a finalist for the Fab Awards event.</p> <p>https://fabnhsstuff.net/2017/05/08/i-want-workforce-know-perspective-people-intellectual-disability/</p>	
9.	<p>Actions:</p> <ol style="list-style-type: none"> 1. CN provided Amy Disendike contact details. EN and GM to follow up re GP representation on the board. 2. GM and EN to follow up with contacts in Acute Hospital. 3. SJ offered to provide details of a SEND commissioner and Community Paediatric contact. 4. Darzi fellows may be able to provide useful links to the board. Sally Morgan and GP fellow. EN to follow up. 5. Follow up with MD re Potential contacts for Pod casts 6. EN to share MECC documents 	
<p>Date and time of next meeting: Monday 11th September 2017 1100- 1430 Charis Centre Crawley, details to follow</p>		