

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

Monday 11 September 2017 1100 - 1430 hrs

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

Attendees:

George Matuska (GM), - **Chair**
Rhona Westrip (RW), ID Programme Manager
Chris Brennan (CB)
Sarah Haslam (SH1)
Dave Hearn (DH)
Sally Hyde (SH)
Sarah Jones (SJ)
Karen Lawson (KL)
Corrine Nikolva (CN)

Apologies:

Annie Henley – Ashton (AHA)
Viki Baker (VB)
Millie Doshi (MD)
Simon Cook (SC)
Tricia Griffin (TG)
Nicki Fowler (NF)
Annamarie Pedrosa (AMP)

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 and apologies were noted. Individuals introduced themselves to board members and welcomed Chris Brennan, Head of Care from Cartrefhomes Kent to his first meeting as a board member. CB has particular interests in Forensic in LD, Mental Health within LD and PBS, behavioural management. His interests originated from becoming a Registered LD Nurse in 1999.</p> <p>GM advised the board that Tricia Griffin (TG), Associate Nursing Professor, Kingston University has also become a member of the board.</p>	


	<p>Sarah Haslam (SH1), a Mouth Care Specialist Dental Nurse from Dartford and Gravesham NHS Trust joined the meeting on behalf of Dentistry and MD.</p> <p>Martha Pusey (MP) has now left Aldingbourne Trust and is no longer a member of the ID Board.</p>	
2.	<p>Approval of draft minutes and matters arising from the meeting held on the 5 June 2017</p> <p>The board agreed the minutes as an accurate record.</p> <p>RW provided the meeting with a recap on actions, the following items were noted;</p> <ol style="list-style-type: none"> 1) Amy Disendike and Acute contact details previously provided by CN to be followed up when more is confirmed on the children and Young People work stream. 2) Darzi fellow Sarah Trute due to have a draft report available end of September 2017 concerning her work surrounding Annual Health Checks. <p>Action 1:</p> <p>The final version of the Annual Health Check report to be updated on website when available. EN to share</p> <ol style="list-style-type: none"> 3) Paediatric Contact Emma Gupta to be formally invited as a Board member ready for the January meeting. 4) Terms of Reference still to be reviewed in light of changing membership requirements and following discussions to be held. 5) Sarah Trute, Darzi Fellow and Sarah Jewel, Public Health Programme Manager are already connected through the scheme. 6) Still awaiting timing of LSBU online training (MOOC) to be released. RW chasing. Share with networks flyer of LSBU MOOC when available 7) Any work concerning taking forward Podcasts will be revisited once funding is known. 8) Making Every Contact Count (MECC) shared with the board. <p>Please be advised that the minutes and communications regarding the Board will be publicly available on the website. Refer to link:</p>	

	https://idhekss.wordpress.com/meetings/	
3.	<p>Programme Board Membership Update/ Members updates/News stories</p> <p>RW called upon the board to be willing to publish on the KSS LDCOP https://ldcop.org.uk/ blog and share news stories about their organisations. This becomes a good opportunity for networking and sharing good practice.</p> <p>Moving forward RW requested the board to share a snapshot update of their organisations and key news. If members are unable to attend the meeting in person a short paragraph email update is to be provided. The board were in agreement with this and this will become a standing item on the agenda.</p> <p>Action 2: i) Board members to contribute to providing verbal or email update of their organisation at each meeting.</p> <p>ii) EN to add the above to the ToR as a standing agenda item.</p>	
4.	<p>Highlight Report including TCP and STP work</p> <p>*This update was provided ahead of the lunch and learn as advertised on the agenda.</p> <p>RW presented the board with some key highlights for the Transforming Care Programme (TCP), these are divided into three for Kent, Surrey and Sussex. The following key areas were noted:</p> <p>4.1</p> <p><u>Kent and Medway</u></p> <ul style="list-style-type: none"> • The workforce work stream is set up and running. • HEEKSS have offered a series of population centre workshops that Kent and Medway have formally accepted and waiting confirmation on dates. • The Senior Responsible Officer (SRO) for this TCP is Hazel Carpenter and HEE KSS are looking forward to joint working. • The last meeting for Transforming Care work took place in August which GM and RW attended with the deputy for TC, Ailsa Ogilvie and other stakeholders which included NHS England. • Initial problems trying to source a Project Officer could potentially be resolved with a STP resource identified. This is to be confirmed with Rebecca Bradd Kent and Medway STP programme Lead. • Conversations are taking place on how TC work can be embedded into the STP agenda. 	

<p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p>	<ul style="list-style-type: none"> It is acknowledged that work already going on in the region, including around Children and Young People were identified as needing to feed in to the TC work. <p><u>Surrey</u></p> <ul style="list-style-type: none"> GM and RW facilitated the second Population centric workshop on the 19th July which was well attended. (Both GM and RW trained in this workforce tool) Awaiting dates for a third workshop. Awaiting information concerning what parts of the draft workforce plan Surrey would like specific support with in order to provide a personalised agenda. <p><u>Sussex</u></p> <ul style="list-style-type: none"> First population centric workshop was well received. Facilitated by GM and RW. Awaiting further dates for a second workshop. <p>*For information the Population Centric Workshops work on the following principles:</p> <ul style="list-style-type: none"> The population workforce tool is one of several that can be used to help workforce planning especially in times of transformation. GM and RW have offered to facilitate sessions to the TCP's as a HEE KSS local offer of help. <p>The six stages to this tool:</p> <ol style="list-style-type: none"> 1. Establishing the Change Management Approach 2. Population Definition/Strategic Environment 3. Design and Commissioning of Services 4. Defining Skills, Knowledge and Competence Levels 5. Defining Roles and Future Workforce 6. Gap, Analysis, Reality Check, Planning for Implementation <p>Session one of the workshop involves GM and RW facilitating an establishing the change management approach and helping Sussex start to define the population (via creating a series of proxies) and exploring the stakeholders within the TCP environment. Session two includes starting to explore services and thinking about how where the TCP want to be by 2020, people putting themselves into their proxies' shoes, future proofing.</p> <p>The aim is, by the end of all four bite sized sessions, for each TCP to be able have the direction needed to move forward as with regards to workforce planning. These workshops should provide the workforce planning tools to help understand the current workforce and the future requirements needed to help transform care. This would then lead to the production of a TCP workforce plan. The workshops are facilitated by GM and RW but the work is</p>	
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<p>4.6</p> <p>4.7</p> <p>4.8</p>	<p>undertaken by and owned by the TCPs. The final output from these workshops would therefore be the production of a draft workforce plan.</p> <p>GM provided an overarching update with regards to TCP. GM made reference to the National Audit https://www.nao.org.uk/report/local-support-for-people-with-a-learning-disability/ on LD across Health and Care in England.</p> <p>The aim of TC is shut down long stays in hospitals and return patients to the community. GM noted this isn't performing as well as hoped.</p> <p>Another considerable piece being undertaken by HEE of work is LaSE TCP workforce strategy which is being submitted to the national delivery board. These are documents that represent views for workforce in LD. All TCP's have written aspirations for what they want agreed in 2019.</p> <p>Action 3: EN to Share background literature for STP work to CB.</p> <p>DH provided a brief description of the 'Waterfall' Diagram which is being used to look at the workforce plan for Mental Health. The feasibility to looking at this approach for ID workforce was discussed. The diagram is a bar graph which plots posts and vacancies. This is very NHS oriented and GM noted that there are challenges in that it is difficult for ID to capture charities and non NHS organisations within this data. The attached link 'Mental Health Workforce Plan for England 2020/21' dated July 2017 references the waterfall diagram.</p> <div data-bbox="359 1272 422 1339" data-label="Image">  </div> <p>HEE FYFV Mental health workforce plan</p> <p>Action 4: DH to share 'Waterfall Diagram'</p> <p>Highlight Report</p> <p>RW updated the board on progress and news since the June meeting.</p> <ul style="list-style-type: none"> • June- September. Six places KSS student post grad diploma (PGdip LD at LSBU) trust engaged but disappointingly no applications. • BSC in Learning Disabilities – not running at LSBU • Places were suggested in the area of Adult or CYP Nursing, suggesting Hertfordshire. • Post September the national picture will be better known after UCAS clearing. • RW advised that the four universities Courses in LD (Kingston, Greenwich, LSBU, North West London) are at risk due to low take up. 	
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	<ul style="list-style-type: none"> NWL have been offered one off bursaries of 3K to secure placements. In complete contrast it was noted that Scotland and Wales have all their LD placements filled. GM referred to the Nurse Leaders of the future, formally known as Nurse 1st. This is a post graduate course to get LD registration, year one after graduation band 5, year 2 band 6. NHSE are funding 40 places on a fast track postgraduate pre –reg programme for LD and MH nurses. The course will offer a new route in LD and MH nursing. Kings College University has 10 Mental Health students, Hertfordshire 10 LD, 10 mental Health (Southampton) and Edge Hill 10 LD. 	
4.9	<p>A brief discussion followed regarding what does a new LD nurse look like and nurse placements. The following points were noted:</p> <ul style="list-style-type: none"> Combine CYP and LD. Look how services are set up. The cut of bursaries has impacted recruitment Students can face in excess of 60K debt Long days- travelling to placements Apprenticeship route becoming more viable What about top up modules for overseas students? Tap into Allied Health professions Look at Open University models- ‘grow your own Nurses’ 	
4.91	<p>RW reported to the board that ‘Making Every Contact Count’ (MECC) led by Sarah Jewel for Public Health England and HEE KSS that money is moving to STP. RW and SJ hope to continue working on their Care homes work together.</p>	
4.92	<p>RW requested permission of the board to chase Optima Care Limited regarding the project ‘Picture Exchange Communication System’ for an Interim update report that is outstanding; to which the board were in agreement.</p> <p>Action 5: RW to chase Optima Care Ltd for Interim report</p>	
4.93	<p>RW shared her experience from her visit to Cedar House, who HEE KSS funded the work on the ‘Recovery College – the collaborative Development, recruitment and provision of Training of Peers tutors’. This was RW first visit to a low secure unit, and RW praised the staff and students and said the experience was very positive. This is the first recovery college in the country specifically working with PWID. Students helped make tea and cakes and peers became tutors. RW said the students became very empowered and want to teach fellow students things they had learned. There is the possibility that Cedar House may achieve national press coverage concerning their success stories.</p>	

<p>4.94</p>	<p>GM provided a brief update to two further projects that have been running with HEE KSS. The Health Inequalities Framework Intelligence Review and The implementation of the Anticipatory Care Calendar. Both projects being led by Kent Community Health NHS Foundation trust. GM suggested that the HEF can be used alongside the Learning Needs Analysis tool to compare the two. Please refer to attached links</p> <p>https://www.ndti.org.uk/resources/useful-tools/the-health-equality-framework-and-commissioning-guide1</p> <div data-bbox="359 660 422 728">  </div> <p>LNA workshop 7 Nov.pdf</p> <p>http://www.innovationagency.nhs.uk/our-work/PatientSafety/anticipatory-care-calendar This tool is specifically designed to support non-health staff and provide up to date data.</p>	
<p>4.95</p>	<p>RW reminded the board that output reports are required from all projects being supported by the ID programme and are available to see on the ID website. Often these resources are helpful to use as case studies and are all free to access.</p>	
<p>5.</p>	<p>Board Members Lunch and Learn</p> <p>CN a Clinical Service Manager, For Learning Disabilities, Sussex Community NHS Foundation Trust provided the board with a comprehensive and insightful background into her work and organisation. The following are key aspects of the work herself and team are involved with:</p> <ul style="list-style-type: none"> • Works for LD Health Facilitation Team- Sussex Community NHS Foundation Trust • The team forms two parts, Acute Liaison Nurses in West Sussex and Health Facilitation Nurses. • Support people within hospital, discharge planning and home visits. • Their role is to support people with access, outpatient planning and follow up visits, • Support LD access to mainstream healthcare. • The service is very dependent on specifics of patients' needs. • Example of work could be one day A&E, another Podiatry. • Enable LD patients to be able access services themselves. • Act as link person for GP, dealing with a range of Allied Health Professionals (AHP'S). • Two people with Learning Disabilities (PWLD) provide support with regards to LD training. Assisting with essay read material and training. • Team also involved in Project work 'access to healthcare group'. 	

	<ul style="list-style-type: none"> • Project 2017 'Cancer Screening' for people with LD. Aim is to increase uptake in cancer screening. • 100 people attending the 'LD Provider Forum – Big Event' at the Charis in Crawley 'Cancer Screening' Event on the 20th September 2017. The demand for this is shown by the event being oversubscribed and running a waiting list. • Leader Programme looking at the 'Mortality Review' exciting work to be involved in. Looking at how many deaths a year are from LD. Approx. 85 a year although this could be underestimated within Sussex. This work forms part of a Sussex wide steering group which Sussex Community Trust are engaged with. • CN's team has ten qualified LD nurses, one manager who is a band 7, nine at grade 6. • They take LD student nurses from Greenwich and General student nurses from Brighton and Portsmouth who spend a month with the team as part of their training. <p>A brief discussion followed regarding 'The Mortality Review' and what questions may be raised post mortality review. E.g. boundaries between clinical decisions and mental capacity act, often parents felt that LD patients were discriminated against and sentenced to death. It was suggested that more needs to be done to educate/prepare parents for limitations of medicine. Often parents are seen as 'warrior' parents and these outcomes could be quite different if breaking different news was handled differently from the beginning of diagnosis.</p>	
6.	<p>Expert by experience, practicalities/Guest LD nurse</p> <p>GM invited the board to think about how we could use an expert to be engaged with the board or attend the board as a member. The following were ideas were noted in this discussion:</p> <ul style="list-style-type: none"> • Expert by experience or families and carers. • Have/use a parallel group to be more truly representative of LD. The board advised there are already groups that are established i.e. partnerships boards across three counties. Engage these groups or more than one group so the work can be split up. • Easy read agendas would be used. • User group meetings- take questions from ID board to their board. • Look at practicalities of time, travel, safeguarding, payment and wages. • Look at partnership boards across all 3 counties. • Tap into expert groups. • Executive and non-executive group that would set the direction, this would provide experts the power to challenge. • Parent representation, 'warrior parent'. 	

	<ul style="list-style-type: none"> • Governance would need to be looked at. Christchurch are used as a checks and balance group as does Tizzard. • Asking the experts what skills, attributes are needed from your workforce. • Use a collection of organisations – known as an Expert Reference Group. The ID Board would have to feed back to them. <p>Action 6: All board members to feedback details of existing expert groups and partnerships boards to EN</p> <p>Action 7: Experts and board membership/involvement to feature as an agenda item in January meeting. EN</p> <p>GM also invited the board to think about approaching experts (to have a group we could use) that would be able to speak at National HEE events. The need for these experts is relevant at a time of projects reaching maturity and findings to be published. Requirements are a group of people that can be public speakers on behalf of HEE. They would be paid as consultants. The possibility of people going to the ‘recovery College’ to learn public speaking/production skills was also discussed. It was agreed that board members would approach experts as a sounding out stage and feedback any interested parties to the board.</p> <p>Action 8: Board members to ask for details, feasibility of an expert to join HEE events as a speaker. Feedback and any contact details to be sent to EN</p> <p>GM also asked the board to consider having a student of LD nursing or GP to sit on the ID board as a member? Providing a perspective of the student journey.</p> <p>Action 9: GM and EN to approach HEI’s for students that would want to be involved in the ID board. Board Members to provide details of any students who want to be involved.</p>	
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7.	<p>Feedback re CoP event 15th June</p> <p>RW and GM asked the board for critical feedback regarding the 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 which will be shared with the ID board. A discussion followed and the following points noted:</p> <ul style="list-style-type: none"> • Good Networking and positive coming together of people. • Not all workshops were relevant to professions attending. • Real issues were covered. • Would perhaps be good to combine CoP event with careers, schools and colleges. <p>GM was pleased to advise that already there are 400 on the mailing list and 700 plus on the twitter feed. With a 30% click and read rate.</p> <p>Action 10: GM reminded the group to sign up for regular newsletter provided by KSS Community of Practice. If you wish for further details, contact Lisa Richardson at KSS CoP https://ldcop.org.uk/contact-us</p> <p>Action 11: EN to circulate CoP evaluation when available.</p>	
8.	<p>Human Factors</p> <p>Definition: “Enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture, organisation on human behaviour and abilities, and knowledge in clinical settings”</p> <p>RW provided a brief explanation of ‘Human Factors’ having recently attended a Knowledge Exchange Conference. RW asked at the human factors re ID and Human factors and advised it should be included already. Positive outcomes from Human Factors training has been used I simulated backgrounds in care homes for providing training for staff and lessons learnt. Access to care homes can be problematic due to high staff turnover and getting access in the first instance.</p> <p>A power point presentation was provided to members.</p>	
9.	<p>AOB</p> <p>DH provided a brief update to the board on ‘clever together’ company working alongside HEE KSS to look at issues of retention, and Education transformation and build a Model employer model. A Facebook page was set</p>	

	<p>up, with hundreds engaged in answering a series of questions and prompting conversations on Why do people leave and stay? Between June and July Clever together have questioned staff on a list of 27 questions. They are due to analyse this data and DH will share findings on the ID blog. GM questioned the feasibility of using this data for LD and all professions were captured in this work so will include LD and support workers.</p> <p>Action 12: DH will share findings of Clever Together on COP website and ID blog when available.</p> <p>GM asked the board to think of any further themes if money becomes available for the ID programme Board. The following came up in discussion:</p> <ol style="list-style-type: none"> 1. IAPT for children 2. CYP – who makes up the workforce across health and care. 3. Pre-birth up to 16. 4. Ages 16-25. Difficult age group. Cuts across various acts. Look at the complexity of transition 5. Health and Mental Health of people with LD 6. Impact of alcohol and drugs for LD 7. Abuse and neglect in childhood. 8. What support do parents get? Education around ‘life pathways’ <p>Action 13: Share any further ideas or concerning above in further detail via email to GM ahead of January meeting.</p> <p>Finally, GM asked the board would they be happy if London were to become involved with any of these projects and the board. The board confirmed they were in agreement with this.</p>	
10.0	<p>Actions:</p> <ol style="list-style-type: none"> 1. The final version of the Annual Health Check report to be updated on website when available. EN to share 2. i) Board Members to contribute to providing verbal or email update of their organisation at each meeting. ii) EN to add the above to the ToR as a standing item on the agenda. 3. EN to share background literature for STP work to CB 4. DH to share ‘waterfall’ diagram. 5. RW to chase Optima Care Ltd for Interim report. 6. All board members to feedback details of existing expert groups and partnership boards to EN. 7. Experts and board membership/involvement to feature in January agenda. EN 	

	<ol style="list-style-type: none"> 8. Board members to ask for details, feasibility of an expert to join HEE events as a speaker. Feedback and any contact details to be sent to EN. 9. GM and EN approach HEI's for students that would want to be involved in the ID board. Board members to provide details of any students who want to be involved. 10. GM reminded the group to sign up for regular newsletter from COP. 11. EN to circulate COP evaluation when available. 12. DH to share findings of Clever Together on COP website and ID blog when available. 13. Share any further ideas or themes via email to GM. 	
Date and time of next meetings: Wednesday 17th January 1100- 1430 2018, Wednesday 25th April 2018, Wednesday 18th July 2018 and Wednesday 17th October 2018. Venue: Charis Centre Crawley, details to follow		