

Inaugural Kent, Surrey and Sussex Intellectual Disabilities Programme Board

June 15 2016

Charis Centre, West Green, Crawley

MINUTES

- Board Members:** Viki Baker (VB) - Director of Learning Disabilities Service, Sussex Partnership NHS Foundation Trust
Roselyn Chapman (RC) - Home Manager, Martha Trust
Simon Cook (SC) - Service Manager, forensic and Specialist Line, Kent & Medway NHS Social Care Partnership
Nicki Fowler (NF) - Professional Lead for LD and Programme Leader for BSc Nursing (LD), University of Greenwich
Soline Jerram (SJ) - Lead Nurse, Director of Clinical Quality and Patient Safety, Brighton and Hove CCG
Karen Lawson (KL) - Ag Consultant Psychiatrist, The Huntercombe Group
George Matuska (GM) - Clinical Advisor Intellectual Disabilities, HEE KSS (Chair)
Corinne Nikolva (CN) - Clinical Service Manager for Learning Disabilities, EEP and CFS/ME, Sussex Community NHS Trust
Anna Marie Pedrosa – Manager, The Avalon Group
Martha Pusey (MP) - Innovation and Development Manager, Aldingbourne Trust
Sally Smith (SS) - Chief Nurse and Director of Quality, East Kent Hospitals University NHS Foundation Trust
Rhona Westrip (RW) - Programme Manager, HEE KSS
- In attendance:** Jane Edmonds (JE) - Psychiatry and Learning Development Lead Sussex Partnership NHS foundation Trust
(Deputy for Viki Baker)
Rhona Westrip (RW) - Programme Manager, HEE KSS
George Matuska (GM) - Clinical Advisor Intellectual Disabilities, HEE KSS (Chair)
Martha Pusey (MP) - Innovation and Development Manager, Aldinbourne Trust
Roselyn Chapman (RC) - Home Manager, Martha Trust
Simon Cook (SC) - Service Manager, Forensic and Specialist Line, Kent and Medway NHS Social Care Partnership
Sarah Jones, (SJ) Senior Programme Manager Brighton and Hove CCG (Deputy for Soline Jerram)
Daniel Marsden (DM) Practice Development Nurse for People with Learning Disabilities, East Kent Hospitals University NHS Foundation Trust
(Deputy for Sally Smith)
Anna Marie Pedrosa, (AMP) - Manager, The Avalon Group
Peter Woodward (PW) - Senior Lecturer, University of Greenwich (Deputy for Nicki Fowler)
Corrine Nikolva (CN) - Clinical Service Manager for Learning Disabilities, EEP and CFS/ME, Sussex Community NHS Trust
Emily Newsom (EN) - Note taker HEE KSS

Apologies:

Viki Baker (VB) Director of Learning Disabilities Service, Sussex Partnership NHS Foundation Trust

Nicki Fowler (NF)- Professional Lead for LD and Programme Leader for BSc Nursing (LD), University of Greenwich

Soline Jerram (SJ) - Lead Nurse, Director of Clinical Quality and Patient Safety, Brighton and Hove CCG

Karen Lawson (KL) – Consultant Psychiatrist, The Huntercombe Group

Ref.	Item	Action
1	<p>Welcome and Introductions</p> <p>George Matuska, (GM) welcomed all to the first programme Board for Intellectual Disabilities. This first meeting was held on the same day as the Kent, Surrey and Sussex Learning Disabilities Community of Practice Conference hosted at the Charis.</p> <p>https://idhekss.wordpress.com/2016/04/06/15th-of-june-16-launch-of-kss-ldcop16-come-and-join-us-idhekss/</p> <p>All the Board introduced themselves individually and stated the organisations they represented and if they were attending as a deputy.</p> <p>The objective of this inaugural meeting was to provide a backdrop to the Intellectual Disabilities Programme and discuss the proposed future direction of the programme and future work streams and stakeholder engagement.</p>	
1 a	Apologies were received as noted above	
1 b	<p>Terms of Reference (ToR)</p> <p>The Board agreed the ToR. The Board would be updated on any amendments to the ToR that would be required following a change to the Health Education England (HEE) governance structures later this year.</p>	
2	Update on the Intellectual Disabilities Programme	
2.1	<ul style="list-style-type: none"> GM provided the Board with work to date that was initiated HEE KSS in 2013. In 2013-2014 a launch event took place where by providers were invited to address Learning Disabilities and identify the struggle faced in recruiting and retaining the right staff. As a result, Jane Butler Head of Clinical Education at HEE KSS was contacted, whereby evidence was required to support this work. George Matuska's work was published, see link to this first report below: https://www.hee.nhs.uk/sites/default/files/documents/FULL%20REPORT%20-%20PWID%20Workforce%20Development%20report.pdf Consequently, GM was recruited to two days a month as a Clinical Advisor for LD and Rhona Westrip as full time Programme Manager for HEE KSS. 10 recommendations were put forward around the LD Nursing workforce. A one year on report is about to be finalised where updates on these recommendations are included. In December 2015 HEE KSS was able to fund 12 workforce projects, details of which are in the one year on report. 	RW
2.2	<p>RW provided a update on Sustainability and Transformation Plans (STPs)</p> <ul style="list-style-type: none"> The focus is for health and social care to work more closely together Local Workforce Action Boards (LWABs) will be in place with STP leaders from appropriate organisations attending HEE is responsible for working closely with each of our 3 footprints on the workforce aspects of the STPs and are also helping develop the LWABs. The HEE KSS Intellectual Disabilities work is already being included in the STP conversations taking place, and will continue to be part of the 	

	<p>conversations</p> <ul style="list-style-type: none"> RW asked that the group continue watching the STP brief and any questions liaise via RW. 	
3.0	<p>Proposed Future Direction</p> <p>The Board discussed the following issues:</p>	
3.1	<p>Health Inequalities</p> <ul style="list-style-type: none"> In East Kent there are a higher percentage of people with ID. These people are 5 times more likely to be admitted in to A&E. DM to share information with regards to these findings. 	DM
3.2	<p>Nursing Supply and differences between Acute and ID Nursing</p> <ul style="list-style-type: none"> Mental Health and Acute trusts need to be reviewed in terms of for instance the expectation of Nursing Staff over 24 hrs. Pressure on beds means that often patients can be returned to secure units that aren't staffed by nurses trained in acute care. It was considered there is some expectation that the MH Nurse will nurse them. Time pressures exist due to lack of care co-ordination, for example between acute care and managers. Patients are ready for discharge but there is a gap as there is no time to convalesce. For example, after a hip replacement there is a six week restriction even though the patient is still returned home. There is no step down in beds and homes are not equipped. 	
3.3	<p>Apprenticeships for ID and Workforce needs</p> <ul style="list-style-type: none"> An interest was expressed with regards to Health Care Workers progressing onto Nursing. Paramedics are lacking. Encouragement required coming back to Associate Nursing role. Band 4 Mental Health Practitioners required. A lack of training for non-qualified staff was discussed and how this might be best addressed. A need to evaluate training against non NHS staff. With a 'Learning Needs' assessment if specifics are known. <p>See link http://rrheeletblb01.aws.rroom.net/sites/default/files/documents/Generic%20Service%20Interventions%20Pathway.pdf</p> <ul style="list-style-type: none"> Workforce was discussed as a particular area of focus. Members spoke of a concern that ten or more groups already doing their own work on this. To avoid duplication how is this Board going to link in? GM advised the purpose of the group is to engage NHS and non NHS providers of care. HEE KSS to disseminate best practice with regard to Learning Disabilities via email, and a strong web presence. SJ to provide list of ten working groups she is aware of to assist the board and avoid duplication. 	
3.4	<p>CPD and training</p> <ul style="list-style-type: none"> PW spoke about there being a lack of interest at the University of Greenwich concerning non LD professional staff using CPD to upskill via CPD. Eight applicants is the minimum requirement to run these 	

	<p>modules.</p> <ul style="list-style-type: none"> The University also recognised that it could be difficult for students to be released from their placements for training. There was a general feeling that in the current environment, unless training is mandatory it is not being taken up. There is also an issue concerning the budget for training. 	
3.5	<p>Pathways</p> <ul style="list-style-type: none"> This was discussed amongst the group as one of the biggest challenges where pathways are fragmented, and there are issues with discharge. Concerning discharge from acute beds. There is a lack of provision in the county not being available to manage. A general agreement amongst the Board that there is no one universal pathway. Further scoping required to highlight existing services and gaps in workforce. End of life care for children and young adults with learning disabilities was discussed as it was felt there was a gap in the workforce and education and training concerning this. 	
3.6	<p>Other Issues</p> <ul style="list-style-type: none"> HEE has a learning disability skills and competency framework, that details generic health and care interventions aimed at people with learning disabilities, and the skills and competencies required by those delivering the interventions, see here for more information: https://hee.nhs.uk/our-work/hospitals-primary-community-care/mental-health-learning-disability/learning-disability/workforce-capability It was suggested that it would be useful for this group to agree an evaluation of this framework for non NHS employed staff. 	All
4	<p>Concluding remarks and next steps</p> <p>Areas of focus were agreed as:</p> <ol style="list-style-type: none"> End of life care including palliative for children and young adults (including the transition period of 19 – 30) – pathways, exploring what is available, defining best practice Children Hospice Training Contacts - creating a bigger stakeholder group that can feed into this programme of work Platforms Mapping the learning disability skills and competency framework for non NHS staff <ul style="list-style-type: none"> Moving forward an Annual report will be available on ID for the Board to sign off and Review The Programme Board will be part of the decision making process. Distance emails can be used for communication. The Board can also become a wider sharing forum for ID. The Board will meet every three months <p><u>Actions</u></p> <p>RW to send out the ID first year report – a year on. This will be available shortly.</p>	RW

	DM to share Health Inequalities information MP to provide Hospice contacts to the Board or via Emily to distribute. SJ to provide list of ten working groups to Emily Newsom CN, MP, AMP to provide details to Emily of 'Provider Forum and mailing lists All Respond with email views on evaluating framework for non NHS employed staff 	DM MP SJ CN, MP, AMP ALL
Date and Time of Next Meeting: TBC September 14th 2016 – Charis Centre Crawley		