

MEETING NOTES:	Learning Disability Partnership Board
DATE:	10 March 2020
LOCATION:	The Wesley Buildings, Redruth

ATTENDANCE

Name	Position	Organisation
Jayne Kirkham (JK) (Chair)	Councillor	Cornwall Council
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Allison Kirk (AK)	Community Nurse LD Service East	Cornwall Partnership NHS Foundation Trust
Amy Claridge (AC)	Commissioner for Day Services, Respite and Shared Lives	Cornwall Council
Andrew Dunn (AD)	TCP Lived Experience Group	Kernow Clinical Commissioning Group
Ben Seamarks (BS)	Commissioning Officer	Cornwall Council
Christine Bateman (CB)	Advocate	Cornwall Advocacy
Chris Jordan (CJ)	Trustee & Treasurer Parish Councillor	Cornwall People First Carn Brea Parish Council
Dave F (DF)		LD Advisory Group
Dina Holder (DiH)	Community Engagement Manager	Women's Centre Cornwall
Ebony Rose Thomas (ERT)	CHAMPS Team	Cornwall Council
Fliss Hedge (FH)	Outreach Inclusion Worker for East and North Cornwall.	Cornwall People First
Gary Bolitho (GB)	Trustee	Cornwall People First
Gillian Gilbert (GG)	Service Manager	Cornwall Council
Hannah Welch (HW)	Primary Care Liaison Nurse	Cornwall Partnership NHS Foundation Trust
Jenna Pulley (JP)	Director	Cornwall Partners in Policy
Kate Wicket (KW)	Nursing and Quality Assessment	Kernow Clinical Commissioning Group
Katy Hutchinson (KH)	Director	The Chaos Group
Laura Keeper (LK)	Self Advocate	Cornwall People First
Lesley Saunders (LS)	Coordinator	Shared Lives South West
Mark Hutchings (MHu)	Trustee	Cornwall People First
Maurice Shurmer (MS)	Self Advocate	Cornwall People First

Name	Position	Organisation
Neil Carpenter (NC)	Volunteer Advocate	Cornwall Advocacy
Neil Oats (NO)	CHAMPS Representative	Cornwall Council
Nory Menneer (NM)	Clinical Lead and Programme Manager, Learning Disabilities	Kernow Clinical Commissioning Group
Paula Volkner (PV)	Transforming Care Programme Project Manager	Kernow Clinical Commissioning Group
Richard Gittens (RG)	CHAMPS	Cornwall Council
Roxanne Sutherland (RS)	Outreach Worker for Middle and West of Cornwall	Cornwall People First
Samuel Edwards (SE)	Nurse consultant, Adult LD Service	Cornwall Partnership NHS Foundation Trust
Sharon Hambley (SH)	Speech and Language Technician East LD Service	Cornwall Partnership NHS Foundation Trust
Shelagh Mitchell	CHAMPS Manager	Cornwall Council
Tina Sanford	Service Manager	Cornwall Council

APOLOGIES

Name	Position	Organisation
Amanda Wilton (AW)	Patients Panel Representative	United Hospitals Plymouth
Dina Holder	Community Engagement Manager	Women's Centre Cornwall
Elizabeth Campling	CHAMPS supporter	Cornwall Council
Graeme Plunkett	Secondary School Improvement Officer	Cornwall Council
Kirstin Tilley	AOM West Cornwall	Mencap
Lynda Berry	Carer	
Natalie Brown	Health and Wellbeing Project Support	Pluss
Rebecca Jelbert	Chartered & HCPC Registered Clinical Psychologist / Lead for Adult Asperger Assessment Service	Outlook South West
Rob Rotchell	Councillor and Portfolio Holder for Adults	Cornwall Council
Sandra Ward	Carer / Representative of PCC	Parent Carer Council (PCC)
Suzanne Leggett	Manager	Cornwall People First

ACTION LOG

Meeting	Action	ACTIONS CARRIED FORWARD	RESPONSIBLE	STATUS
12/03/2019	1	NK to get in touch with Neil Carpenter to get his insight into UC issues nationally and consider event around UC	NK	Verbal update (11/06/19) Cross Partnership Board Benefits Event held 15/11/19.
12/03/2019	2	DR to get list of Jobcentre Plus local numbers from Vulnerable Customer Network Meeting and send to NK	DR	Vulnerable Customer Network contact provided 04/03/20. Note: The list was for professionals only in order for them to have quick access to the vulnerable customer workers, allowing information to be shared re what reasonable adjustment might need to be made for clients.
12/03/2019	3	SM to send NK Steve Matthew's email address to possibly give talk at next LDPB	SM	Completed. There will be a cross-PB event on UC credit in September. Date and venue TBC
12/03/2019	4	JJM to investigate LP's contact's situation and update board at next meeting with legitimacy of process	JJM	Completed Verbal Update (11/06/19) As people are not coerced in to giving money no crime is committed.
12/03/2019	5	HE to liaise with Martha Warrener and provide list of advocacy services (statutory requirement) commissioned by CC	HE/MW/NK	Completed Advocacy services to be re-commissioned. Update 11/06/19 NK will email MW.
12/03/2019	6	HE to take comment re. opt out for assessment advocate rather than opt in back to Cornwall Council	HE	Completed
12/03/2019	7	TS to report back to social worker teams the value of "opt-out" re. advocacy.	TS	Completed
12/03/2019	8	NO to find out how to access advice on advocacy from the Council without going online	NO/NK	Update (11/06/19) NK will contact MW. 04/03/20 - Information to be circulated to the Board via email and at the meeting on 10/03/20
12/03/2019	9	TS to feed back to teams that forms and leaflets should be sent out with appointments and handed to clients after meetings	TS	Update 11/06/19) TS not present at today's meeting. NK to email TS and verify action completed
12/03/2019	10	DR to find out the context of MH cases for people with LDs and feed back to NK. NK to liaise with Dr Rohit Shankar	DR/NK	Completed. Statement from Dr Rohit Shankar passed on to SL

12/03/2019	11	NK to liaise with LK re. transport issues at day services and to send these to AC	NK	Completed. See AC's response below.
12/03/2019	12	AC to take day service issues to in-house services manager at the Council	AC	Completed.
12/03/2019	14	NO to send transport success story to NK to send on to AC	NO	Completed.
11/06/2019	1	NK to contact Kim Mabon at the DWP and see if they can offer someone to answer questions about PIP at a cross-PB event	NK	Cross Partnership Board Benefits Event held 15/11/19.
11/06/2019	2	SS to add Inclusion Cornwall's contact details to the minutes	SS	Completed. Details in the minutes. Page 6.
11/06/2019	3	AC to send out dates, times and venues for events re. recommissioning advocacy to the Board via NK	AC	Completed. Details in the minutes. Page 6
11/06/2019	4	AC to take back concerns about fuel allowance and lack of minibuses in Launceston day service centre and Tregarne respite centre, to Cornwall Council transport department.	AC	Green transport to be discussed at the December 2019 meeting.
11/06/2019	5	DeH to provide the Board with updates and an ER copy of the information about DP s when available.	DeH	Completed 10/09/19
11/06/2019	6	AC to invite DiH to give their training to commissioners at the Council and link them to colleagues delivering training and development for the social care sector	AC	Training was arranged but had to be cancelled. New date to be arranged.
11/06/2019	7	NK to circulate DiH's email address from Cornwall Women's Centre DIVAS project to the Board	NK	Completed Circulated 1/07/19
11/06/2019	8	NK to attach link to web-page with details on numbers of places for supported living in Cornwall.	NK	Completed Circulated 1/07/19 Link in minutes and correction. Page 12
11/06/2019	9	NK to put Extra Crisis Support on the next PB agenda and invite relevant speakers.	NK	

<u>ACTION FROM THIS MEETING</u>	<u>RESPONSIBLE</u>	<u>COMPLETED</u>
1. Minute 6 - Discuss preserving the history of Murdoch & Trevithick.	GG & JP	
2. Minute 7 - Respond to dentistry issues raised by CPF.	MH	Response included in minute.
3. Minute 7 - Invite Jo Smith, Healthwatch Cornwall, author of Special Care Dentistry in Cornwall report, to next meeting.	MH	Invited but meeting cancelled.
4. Minute 7 - Doctors appointments. Raise issue to PCN and report to next meeting.	NM	
5. Minute 7 - Send Prevention Contract info to MH for circulation.	AC	
6. Minute 7 - Discuss Day Placements.	AC & FH	Met immediately following meeting.
7. Minute 7 - PIP waiting times - feed back to Cornwall People First.	MH	

Item	What was discussed?	Action
1	<p>Welcome, Introductions and Apologies</p> <p>The Chair opened the meeting with round table introductions. MH relayed apologies received (listed above).</p>	
2	<p>Minutes and Actions from Last Meeting</p> <p>The minutes of the meeting held on 10 September 2019 were confirmed as a true record subject to the following:</p> <ul style="list-style-type: none"> • P7 - First bullet point should read, 'CFT had been the first Trust to achieve Autism Accreditation'. <p>Actions from previous meetings were noted, as detailed above.</p>	
3	<p>STOMP</p> <p>SE, Adult Learning Disability Service, Cornwall Partnership NHS Foundation Trust (CPFT) gave a presentation, attached as Appendix 1, on STOMP, stopping over medication of people with a learning disability, autism or both.</p> <p>In discussion with the Board, the following was stated:</p> <ul style="list-style-type: none"> • Children and young people were supported by STAMP, Supporting Treatment and Appropriate Medication in Paediatrics. • The Autism Partnership Board would receive a presentation specific to people with autism. • Medication should be discussed at every annual health check and people were entitled to ask when their medication was last reviewed. <p>The Board thanked SE for his presentation.</p>	
4	<p>Presentation on the Work of the KCCG in Relation to Learning Disabilities</p> <p>Nory Menneer, Clinical Lead and Programme Manager, Learning Disabilities, KCCG, and Antony Dunn, Transforming Care Partnership Lived Experience Group, KCCG, gave a presentation, attached as Appendix 2, on the work of the KCCG in relation to learning disabilities.</p> <p>In discussion with the Board, the following was stated:</p> <ul style="list-style-type: none"> • The aim of Transforming Care was to make sure that people with learning disabilities were able to live in homes, not hospitals. There was constant work to both prevent people from being admitted to hospitals and to bringing those that had been admitted back home, with four discharges and two entering in the past year. • Deborah Rees, Transforming Care Team Clinical Review Officer, visited all and ensured that Life Plans were in place and goals set. The eight week obligation was generally being met but it 	

	<p>was difficult due to some people being placed as far away as Lincolnshire.</p> <ul style="list-style-type: none"> • AD, along with colleagues Dave and Kate, would undertake up to eight out of county visits each month, allowing for a gentler approach to checking on the welfare of individuals through face to face chats and liaison with staff. NM added that eleven people would be visited once a year and that findings were showing that people would rather speak to others that had shared lived experience. • AD stressed that it was important that people in special hospitals had others that would help them to stand up for their rights and to live as independently as possible. • NM emphasised how proud NHS Kernow was of this piece of work, which was the first of its kind. AD added that a lot of very poorly people were being helped by it. • The LeDeR Mortality Review Programme reviewed every death of a person with a learning disability, including looking at how they died and whether or not they had been discriminated against. ERT had an important role in the process. • It was difficult to recruit LeDeR Reviewers and more were required. Positions were being advertised currently. • The Transforming Care Programme was now finishing and there was an intention to implement a wider Board to ensure that all aims could be met. • £700k NHSE monies could be utilised to purchase a Step Up, Step Down Unit, providing the necessary specially adapted environments to support individuals. <p>The Board thanked NM and AD for the presentation.</p>	
5	<p>Update on Day Services</p> <p>Katy Hutchinson, Director, The Chaos Group, provided an update on the Day Services co-production sessions.</p> <p>Cornwall Council had commissioned StayatHome Cornwall, part of The Chaos Group, to act as an independent facilitator to engage with service users and their families to gauge their views and to help to shape how services would look in the near future.</p> <p>During 2019, 500 completed surveys and hundreds of face to face conversations had taken place, as well as seven events across the county through late October and November.</p> <p>Around 15 events were held in early 2020, enabling service users to have their say in creating the changes that they wanted. Findings included:</p> <ul style="list-style-type: none"> • The need to build trust in the wider communities. • Placing actions at the beginning in order to challenge Commissioners. • Early indications were that place-based services were still needed but people also wanted to get out and into communities. 	

	<ul style="list-style-type: none"> • Finding out what resources were available was essential, as was ensuring that there were single points of contact across teams to ensure that information was shared effectively. • Lots of people had said that they had not been aware of some businesses, which showed a need to advertise differently to encourage more coverage. • The high cost of transport was prohibitive to it being included in front-line services. • There were many suggestions that in order to help to build communities, Cornwall Council should allow free use of their buildings that were not being utilised in the weekends and/or evenings. <p>Further information would be available the following month.</p> <p>Special thanks were extended to the CHAMPS, who had performed their flu jab song and one other at the celebration event.</p>	
6	<p>In-house Day Services (including Transport)</p> <p>Amy Claridge, Commissioning Manager and Gillian Gilbert, Service Manager, Community & Support Service, Adult Social Care, Cornwall Council, provided updates and invited comments on the following matters.</p> <p>The Elms, Redruth</p> <p><i>‘In 2016/7 the large day centre in Redruth, Murdoch and Trevithick was vacated and then demolished. Previously used to provide day services for adults with learning disabilities, the service was re-provided elsewhere in newly refurbished premises in Truro and Camborne.</i></p> <p><i>At the time it was felt necessary by some to maintain a presence in Redruth and as a consequence, rooms were rented in the nearby ‘Neighbourhoods for Change’ building, The Elms.</i></p> <p><i>Despite having now had a presence in this location for just over 2 years, we have seen a reduction in the number of people attending this service and also in the number of days being delivered each week. In response to these reductions, staffing adjustments have had to be made and there has been increasingly close liaison between The Elms and our centre in Camborne, with some activities increasingly offered either at or in conjunction with the Camborne service.</i></p> <p><i>As a consequence of these changes, some individuals expressed a wish to attend Camborne instead of The Elms, which have led to further reductions in the provision of the Redruth service. At the time of writing, there is no-one attending Redruth and all staff have been relocated to the Camborne service.</i></p> <p><i>The lease of rooms totals £15,000 pa and the agreement allows for either party to terminate with a 3 month notice period. The proposal is to give notice and to offer day time support (to anyone</i></p>	

referred from the Redruth area) at the Camborne centre which is just over 3 miles away.

The facilities at Camborne are far better than at Redruth, with Camborne being equipped to support those with the most complex of care and support needs. The service in Redruth has faced challenges associated with a shared building, including some issues presented by the mixed client group accessing the building as well as the physical space (in particular the toilet facilities and access to a kitchen area).

Initial talks have indicated that it may be possible to continue to link with The Elms for some sessions during the week by utilising their communal space; this could take the form of a supported outreach from Camborne.

As well as linking with The Elms, the service is currently in the process of establishing an exciting opportunity at the new Kresen Kernow building in Redruth - we are working with the management there in order to be able to run their café / coffee shop area. This would provide the opportunity for some service users to gain experience of a working environment with a view to promoting supported employment for people with learning disabilities.

Both these opportunities will mean a continued presence in Redruth but equally, the relinquishing of the lease will deliver some much-needed efficiencies in relation to budget and staffing resource, as well as offering better facilities to anyone who wishes to access internal day support.'

In discussion with the Board, the following was stated:

- JP had been undertaking person centred planning with people in their forties that had previously attended Murdoch and Trevithick. She was concerned that a large chunk of their personal histories could be lost. GG undertook to liaise with JP outside of the meeting.
- CB had heard that some people had been fearful of other users of Murdoch and Trevithick, leaving them feeling intimidated and unable to attend. GG assured that Kresen Kernow would ensure that a presence would be retained in Redruth.
- A number of people cited the importance of ensuring that services were commissioned in ways that allowed for flexibility in their delivery.

Transport

'In order to appreciate the issues around providing transport during the day time for our internal day centres and short breaks services, it is important to understand the way in which we receive the money to run the centres.

At the beginning of the year, we are allocated one budget to pay for everything to keep the centres running. We then have to divide this up and share it between each of the services (there are currently 4 short breaks services and 15 day centres / outreach services).

GG to contact JP to discuss preserving the history of M&T.

Over recent years, the budget has reduced therefore, we have to try and work out the best way of sharing the money out and making sure that we can pay for essential things to keep services operating, e.g. staff, rent, equipment etc. We are not able to spend more money than we are given for the year.

The provision of minibuses or vehicles to be used during the day time has reduced over the years. This has been for a number of reasons but on the whole, it is due to the rising cost of leasing the vehicles and being able to afford the fuel.

At the present time we have 9 vehicles across the county;

- *John Daniel Centre, Penzance*
- *Newquay*
- *Camborne*
- *Falmouth*
- *Blantyre, St Austell*
- *Morley Tamblyn Lodge, Liskeard*
- *Echo Centre, Liskeard*
- *Bodmin*

These vehicles do not belong to us, we lease (hire) them from CTO (Cornwall Transport Organisation, part of the Council) and this costs £53,686 per year. On top of this, we have to pay for insurance and fuel as well as staffing training costs (all staff who drive a vehicle have to do Council training every 3 years which is charged).

Given this context, I will attempt to respond to the queries below.

Fuel Allowance - Mileage limitations imposed by centres

- *There is no policy or guidance given to us by the Council on either what the vehicles are used for or how much they are used; this is led by the activities on offer by the centre and by the amount of money the service has to spend on diesel.*
- *It has been necessary to reduce the amount of money allocated to the centres for fuel as it is needed for other things which centres cannot go without.*

Lack of Minibuses / Broken down buses

- *Not all of the centres has a vehicle because not all want to have one - some services are using other community transport options and encouraging people to be more independent where possible such as public transport - there is not enough money in the budget to afford a vehicle in every centre.*
- *Most of the vehicles we lease are old and unfortunately, as they go for service or break down, CTO are now beginning to take them off the road. This is because it costs them too much to repair them to replace with new vehicles, this would mean more expense and a commitment to a 7 - year lease period.*
- *The Council have committed to a reduction in carbon emissions and as part of the Council, we must play our part in trying to*

find other ways of getting around other than in large minibuses, often with only a couple of people on board.

Short Breaks Services - weekends

- *There are no vehicles based at the short breaks services because they were not being used. All Short Breaks have the option of using a bus from within the community or from the day centres whilst also considering the use of local public transport.*
- *We have a limited amount of money to spend and we need to decide how to share it out. If we spend more money on transport options such as leasing more buses, there is less to be shared equally between all centres.*

Lack of Funding for Transport in General

- *The future model of Day Services is currently being reviewed; engagement sessions have been held with service users. It would not be appropriate for day services to pre-empt the outcome of any engagement and future model of day service delivery.'*

In discussion with the Board, the following was stated:

- GG cited the need for driver training, licensing and insurance costs as prohibitive to Council staff transporting service users. Such practice could also be viewed as discriminatory against wheelchair users.
- GG said that some centre managers had reduced their allowed mileage limits. With regard to attending particular events, it was possible that amenity funds left to centres could be accessed but ultimately centre managers were responsible.
- ERT suggested that visiting beaches would be both cheaper and beneficial to a healthy lifestyle. KH reiterated the importance of building flexibility into service delivery. TS agreed that creative thinking was required, citing mobility for wheelchairs as a big challenge, to open up the opportunities that people wanted.
- In response to LS asking if service users from villages were essentially penalised financially due to their locations, TS said that was not the case as matters were looked at on an individual basis. AC cited partnership working with Age UK to provide options for buses as an example of how issues could be overcome by people working collaboratively and invited the Board to contact her with similar suggestions.

Update following the meeting:

On 19th March 2020, Cornwall Council's Community & Support Services published the following statement in response to the COVID-19 pandemic:

Day Services

The decision has been made to close all in-house day centres from Friday 20th March 2020 until further notice. This decision has been made based on a significant reduction in the numbers of people attending, coupled with the challenges facing the staff teams.

	<p><i>All managers are drawing up contingency plans as to how to ensure support is continued for the most vulnerable; this includes identifying families who may struggle to cope without any other forms of support.</i></p> <p><i>This decision has been taken in the best interests of the individuals' who use these services and in the light of the Government's guidance about vulnerable adults. This is not a permanent closure and does not pre-judge the current consultation in any way.</i></p> <p>Short Breaks</p> <p><i>In relation to the short breaks' services, the decision has been made to temporarily suspend all non-emergency respite stays.</i></p> <p><i>By taking this decision, we will be better placed to provide beds and staff to support in emergency situations. Staff will be requested to cover shifts where required which will include travel to the other sites if appropriate.</i></p> <p>Gillian Gilbert Service Manager</p>	
7	<p>Feedback from Cornwall People First Forums</p> <p>Fliss Hedge, Outreach Inclusion Worker, Cornwall People First, gave a presentation on feedback from its Forums, attached as Appendix 3.</p> <p>Dentists</p> <p><i>We have heard concerns that there aren't specialist Learning Disability dentists available to people living in the West.</i></p> <p><i>Do you know where people can access a dentist with specialist LD experience?</i></p> <p><i>When will the changes take place?</i></p> <p><i>How will the decision be made about who will be able to continue to access the service and who will not?</i></p> <p><i>What is the process?</i></p> <p><i>What is the right to appeal?</i></p> <p><i>Will specific provision be made to fast track people if they are moved onto a waiting list for a 'standard' service.</i></p> <p>MH emailed the following response to Cornwall People First:</p> <p>Special Care Dentistry in Cornwall - see the link for information, including a walkthrough of their main clinic in Harleigh Road, Bodmin: https://westcountrydentalcare.co.uk/our-services/ . There is just one dentist working across Cornwall - she holds clinics across the county, not just Bodmin.</p>	MH to respond to issues raised.

<p>Healthwatch Cornwall were asked to assist NHS England with a survey in Autumn 2019 to ask people for their feedback about Special Care Dentistry in Cornwall and we are waiting for the final report to be published - this will be a report for the whole of the South West as a number of other Healthwatches took part. We have also written a specific report about the Harleigh Road clinic in Bodmin which we are publishing soon - it highlights some concerns that we had regarding accessibility at the purpose-built clinic. We will likely take this to the Health and Social Care Overview and Scrutiny Committee AOSC, together with wider concerns that we have about access to NHS Dentists.</p> <p>There is also further info here from NHS England: https://www.nhs.uk/using-the-nhs/nhs-services/dentists/dental-treatment-for-people-with-special-needs/</p> <p>Jo Smith, Research and Evidence Manager, Healthwatch Cornwall, who authored the attached report, had offered to attend the next meeting to discuss matters with the Board.</p> <p>The Stakeholder Briefing on Urgent dental care services across the South West was also provided.</p> <p>Doctors Appointments</p> <p><i>Many people we see struggle to make a doctors appointment. The answer phone system is too long and complicated.</i></p> <p>NM undertook to take the concerns to the PCN and report back to the next meeting of the Board.</p> <p>MH said that Healthwatch Cornwall would be re-running the access to GP appointments consultation this summer (see the previous study and findings, published in 2018, here: https://www.healthwatchcornwall.co.uk/report/2018-02-02/gp-access-cornwall). In the meantime, they would welcome specific examples of the practices that people were experiencing problems with. MH stressed that hard evidence was required to ensure that feedback did not present as mere anecdotes.</p> <p>Social Isolation and Reduction in Day Placements</p> <p><i>We see more and more people who feel lonely and isolated. Their support has been cut and they don't have anything to do for large portions of the week.</i></p> <p><i>Many people we see have had their activities reduced due to a reduction in day places available.</i></p> <p><i>One man used to go to four different places which are all now unavailable to him. He now travels on the bus every day to get out of the house.</i></p> <p>FH added that she had not been aware of the opportunities at the new Kresen Kernow building in Redruth.</p>	<p>MH to invite Jo Smith to attend next meeting.</p> <p>NM to raise issue to PCN and report to next meeting.</p>
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	<p>AC undertook to email details of the Prevention Contract to MH for circulation to the Board.</p> <p>AC would meet with FH following the meeting to discuss Day Placements.</p> <p>PIP Assessment Waiting Times</p> <p><i>The waiting period from appeal to decision has caused stress for many people we support. It can be months. They would like some contact just to put them at ease.</i></p> <p>MH undertook to look into the matter and feed back to Cornwall People First.</p> <p>Where can I ask my questions?</p> <p><i>There is general confusion about where to go to find out useful information. Library? CAB? Anywhere in the NHS?</i></p> <p><i>“Where can I talk to a social worker?” There are no social worker drop ins in the east. A service such as a one-stop shop is required.</i></p> <p>KH said that similar issues had been raised with Chaos, with the suggestion that it would be beneficial for ie. A Social Worker to work out of a Day Service or other community building for one day a week.</p>	<p>AC to send Prevention Contract info to MH for circulation. AC to meet with FH.</p> <p>MH to investigate.</p>
8	<p>Any Other Business</p> <p>It was agreed that updates on the following matters, which were not relayed at the meeting due to it overrunning, be included in the minutes:</p> <p><i>Note: The content and timescales detailed in the following updates were provided prior to the implementation of the Government’s measures to address the Covid-19 pandemic.</i></p> <p>Update/Statement on Transfer of Autism Diagnostic Services</p> <p>From Dr Michael Hodgkinson, Clinical Workstream Lead for the novation of contracts from Outlook SouthWest Ltd to CFT:</p> <p><i>‘Regarding the transfer of the Asperger’s Assessment and Diagnostic Services from Outlook SouthWest to CFT, I can confirm that we will be supporting it to operate as usual from 1st April 2020 and as far as service users are concerned, there should not be any noticeable change as the staff, venues and processes will remain the same. Having said that, I am already aware that there are significant performance concerns around waits for the service and that it has not had any additional investment for a number of years despite referral rates having at least tripled over that time. We will be seeking conversations with service staff, service users, commissioners and stakeholders over the coming months to</i></p>	

understand and begin to address what appears to be a wide demand-capacity gap, but in the meantime it will be business as usual.'

Due to the COVID-19 pandemic, in the weeks following the meeting an updated statement was published at

<https://www.cornwallft.nhs.uk/asperger-syndrome>:

'Due to the current unprecedented situation with COVID-19, we have unfortunately had to temporarily close the Asperger Assessment Service to all new referrals. We currently envisage this closure will remain in place for the duration of the COVID -19 situation.

We are also making some other service delivery changes, in line with the current government advice and guidance, in order to protect our patients and workforce.

We are no longer able to offer any face to face appointments. However, in efforts to continue offering assessments to those already on our waiting list, we will be exploring alternative assessment processes, using telephone and other digital web based video applications such as Skype, where possible and agreed with patients. If patients decline telephone or video assessment appointments then they will remain on our waiting list until face to face clinics can be resumed.

Please note: The OSW Asperger's Syndrome Assessment Service is only commissioned to provide diagnostic assessments. We are unable to offer any support, to manage risk or coordinate care for any patients open to our service, including those on our waiting list. For further information on COVID 19 and advice on looking after your psychological wellbeing over the coming weeks we would suggest the following webpage from the Cornwall

Council: <https://www.cornwall.gov.uk/health-and-social-care/mental-health/coronavirus-and-mental-wellbeing>

Adult Autism Strategy Update

From Kelvin Yates, Commissioning Manager, Cornwall Council: The Autism Partnership Board had agreed that a Task and Finish Group be convened to consider the Draft Adult Autism Strategy. Progress would be reported in due course.

Adult Social Care: Charging Policy

From Derek Hoddinott, Commissioning Manager, Cornwall Council: The Adult Social Care Draft Charging Policy was due to be considered by the Health and Adult Social Care Overview and Scrutiny Committee on 11 March 2020 and included full timescales for consultation. The full report could be accessed at:

<https://democracy.cornwall.gov.uk/ieListDocuments.aspx?CId=1153&Mid=8955&Ver=4>

	<p>Carers Strategy Update</p> <p>From Ania Nicholls, Commissioning Officer, Cornwall Council: The Carers Engagement Report had been published in December and detailed the results of the carers engagement activities carried out between August and October 2019.</p> <p>The next steps would be to produce a draft Carers Strategy, commissioning intentions and service models.</p> <p>Yehes Bagas</p> <p>From MH: Due to reduced capacity, it had not yet been possible to hold a second meeting of Yehes Bagas, the Learning Disability User Group that had first met in December. MH would be liaising with members to set a suitable meeting date and to agree topics for discussion.</p> <p>Update on Partnership Boards</p> <p>From MH: With regard to the development of the Partnership Boards managed by Healthwatch Cornwall (Carers, Older Persons, Autism and Learning Disability), it was intended that implementation of new measures would be achieved by early summer and would include:</p> <ul style="list-style-type: none"> • Reviewed member role descriptions and Board member interviews to gain an improved mix of the various types of carers and professionals. • Reviewed Terms of Reference for each Board. • Singular primary Cornwall Council contacts for each Board. • An overarching Board which would provide a formal body for the Partnership Boards to feed their views and recommendations to. <p>Further information would be circulated at the earliest opportunity.</p>	
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NEXT MEETING	10.30am - 12.30pm
DATE	9 th June 2020
LOCATION	Chacewater Village Hall, Church Hill, Chacewater, Truro TR4 8LT

Note: The 9th June 2020 meeting was cancelled due to the COVID-19 pandemic.

STOMP

**Stopping The Over Medication of
People with a learning disability,
autism or both**

What is STOMP?



- STOMP is a project in England to stop the over-use of psychotropic medicines



Think

- **Psychotropic** means they affect how you think or behave



- STOMP is about everyone working together to make sure people get the right medicine when they need it

What is STOMP?

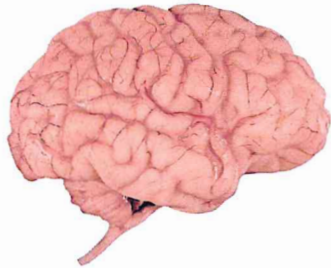


- It is also about making sure that people get the other support that they need



- It is about helping people stay well and have a good quality of life

Psychotropic medicines



- A group of medicines that change how the brain works



- They are used for mental health conditions like psychosis, anxiety and depression



- Sometimes they are given to people because their behaviour is seen as 'challenging'

People with learning disabilities



- People with a learning disability, autism, or both are more likely to be given psychotropic medicines than other people
- Public Health England says that about 30,000 to 35,000 adults with a learning disability are taking psychotropic medicines when they do not have the health conditions they are for



Public Health
England

How medicine can help



- These medicines are right for some people



- They can help people stay safe and well



- This can improve some people's quality of life

What can be bad about these medicines



- They can cause problems when people take them for too long, or take too high a dose, or take them for the wrong reason
- Side effects can include:
 - Putting on weight
 - Feeling tired or “drugged up”
 - Problems with physical health



Weighing it all up



Benefits of
medicine

Side effects

Quality of life

Poor physical
health

Keeping people
safe



Restrictive

Right for some
people

Quality of life

Other ways of
helping

Other ways of helping people



- Getting the right support



- Understanding why someone is having difficulties



Support

- Using Positive Behaviour Support to help people change how they behave and how they are supported



- Support with communication

Other ways of helping people



- Help with occupation



- Sensory assessment



- Helping people stay healthy, such as keeping fit and going for health checks



- Person-centred plans

What we do in Cornwall



- Nursing assessments to make sure that people's needs are being met, and that they are having the right support



- Referral for other assessments such as Speech and Language, Occupational Therapy, Social Worker



- Medication review with a psychiatrist – weighing it all up

What to do if you want to talk about your medicines



- You can talk to somebody who supports you



- You can ask your doctor for a medicine review or an annual health check



- You can ask to be referred to the Learning Disability Team



- You can visit www.england.nhs.uk/stomp for more information

NHS
Kernow Clinical Commissioning Group

NHS Kernow Update

Nory Menneer
Clinical Lead
March 2020

1

NHS
Kernow Clinical Commissioning Group

What is Transforming Care?

Transforming Care means making sure that people with learning disabilities live in

Homes not Hospitals

2

NHS
Kernow Clinical Commissioning Group

How are we doing?

There are 17 adults from Cornwall and the Isles of Scilly who are in hospital.

Our target is to have fewer than 12 people in hospital at any time.

3

NHS
Kernow Clinical Commissioning Group

What Are We doing?

We have a clinical reviewer who helps people come home from hospital.

We make sure everyone gets a visit every 8 weeks from a person from Cornwall.

4

NHS
Kernow Clinical Commissioning Group

What are we doing?

We work with people who are coming back to Cornwall to choose where and how they would like to live.

We get money from the NHS to buy houses that meet people's individual needs.

5


NHS
Kernow Clinical Commissioning Group

What are we doing?

In 2019 and 2020 we spent:


- £700,000 on houses
- £90,000 on a grant for small supports
- £10,000 on projects for LeDeR
- £1000 on the Blue Light Day

6

The LeDeR Programme 
Kernow Clinical Commissioning Group


We review every death of a person with a learning disability in Cornwall and the Isles of Scilly

A group of experts decide what we did well, what did not go so well and how we can learn from it.




Hospital

7


The LeDeR Programme 
Kernow Clinical Commissioning Group

We use our LeDeR review panel to learn from every time someone dies.

The lessons from each death are shared with hospitals, GPs, Social Workers and anyone else who needs to know how they can do better.



8

The LeDeR Programme 
Kernow Clinical Commissioning Group

We have completed 16 completed reviews.

We have 23 waiting for a reviewer to start.

38 reviews underway



Hospital

9

LeDeR Lessons Learned 
Kernow Clinical Commissioning Group

- RCHT have made some changes as a result of the reviews
- Treatment escalation plans must be in consultation with patients and their family
- Initial assessments must always be undertaken



10

The Small Supports Programme 
Kernow Clinical Commissioning Group

Individuals need individual plans and lives

Smaller providers can be more adaptable and personal

Small providers can become more specialised to people with specific needs





11




Forum Feedback to Cornwall's Learning Disability Partnership Board




1

Dentists

We have heard concerns that there aren't specialist Learning Disability dentists available to people living in the West.

Do you know where people can access a dentist with specialist LD experience?



2





Doctors Appointments

Many people we see struggle to make a doctors appointment. The answer phone system is too long and complicated.

"I just want to speak to someone and make an appointment".



3






Social Isolation

We see more and more people who feel lonely and isolated. Their support has been cut and they don't have anything to do for large portions of the week.

"I need to make friends but I don't know where to meet people."




4



Reduction in Day Placements

Many people we see have had their activities reduced due to a reduction in day places available.

One man used to go to four different places which are all now unavailable to him. He now travels on the bus every day to get out of the house.




5

PIP Assessment Waiting Times

The waiting period from appeal to decision has caused stress for many people we support. It can be months. They would like some contact just to put them at ease.

"I've been left in the dark. It's causing me stress."



6



Where can I ask my Questions?



There is general confusion about where to go to find out useful information. Library? CAB? Anywhere in the NHS?



“Where can I talk to a social worker?”

There are no social worker drop ins in the east.

7



Thank You For Listening!



8