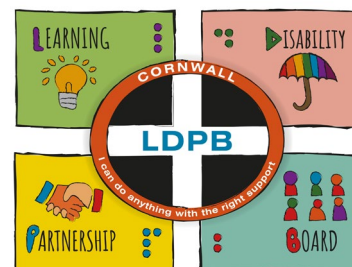


MEETING NOTES:	Meeting of the Learning Disability Partnership Board
DATE:	Thursday, 3 November 2022
LOCATION:	St Austell Conference Centre and on Microsoft Teams

ATTENDANCE

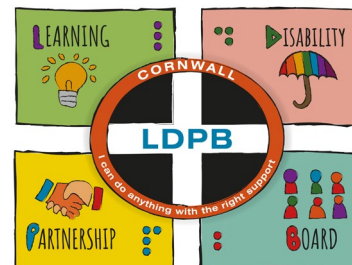
Name	Position	Organisation
Cllr Jayne Kirkham (JK)	Cornwall Councillor and LDPB Chair	Cornwall Council
Tanya Falaschi (TF)	Partnership Boards Project Officer	Healthwatch Cornwall
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Anne Bowdler (AB)	Primary Care Liaison Nurse for adults with a Learning Disability	Cornwall NHS Foundation Trust
Charlotte Day (CD)	Speech & Language Therapist, LD Team	Cornwall Partnership NHS Foundation Trust
Christopher Jordan (CJ)	Self-advocate and Volunteer book keeper (CPF) and Parish Councillor	Cornwall People First
Dina Holder (DH)	Community Engagement Manager / Divas Facilitator	The Women's Centre Cornwall
Fliss Hedge (FH)	Operational Lead	Cornwall People First
Jo Pike (JPi)	Screening Liaison Nurse, Primary Care Liaison Team	Cornwall Partnership NHS Foundation Trust
Julie Pape (JPa)	Self-advocate	
Karen Gregory (KG)		Mid-Cornwall Hub
Karen Hooper (KH)	Interim Head of Commissioning for Learning Disability	Cornwall Council
Kath Jarrett (KJ)	Self-advocate and Champs Team Member	Cornwall Council
Kevin Beveridge (KB)	Area Director, Learning Disability and Autism	Cornwall Council
Kieran Trevena (KT)	Acute Liaison Assistant Practitioner for Learning Disabilities & Autism	Royal Cornwall NHS Hospital Treliske
Kylie Fox (KF)	Team Manager, Learning Disability Team	Cornwall Partnership NHS Foundation Trust
Laura Keeper (LK)	Self-advocate, service user (BDS) and Trustee (CPF)	Blantyre Day Services & Cornwall People First



Name	Position	Organisation
Marie Lobb (ML)	Self-advocate and Partnership Boards Community Promoter	Healthwatch Cornwall
Neil Carpenter (NC)	Volunteer Advocate	Cornwall People First
Nory Menneer (NM)	Clinical Lead and Commissioning Manager for People with LD	NHS Integrated Care Board
Paul Owen (PO)	Self-advocate and Champs Team Member	Cornwall Council
Richard Monk (RM)	Executive Officer	Cornwall Partners in Care
Samantha Clark (SC)	Chief Executive	Learning Disability England
Sam Edwards (SE)	Nurse Consultant, Community Adult Learning Disability Team	Cornwall Partnership NHS Foundation Trust
Sandra Ward (SW)	Parent carer of a young adult with profound LD, Director of Parent Carers Cornwall and Chair of Carers Partnership Board	Parent Carers Cornwall
Shelagh Mitchell (SM)	Healthy Cornwall Team Lead & Health Inequalities Champs Team Manager	Cornwall Council
Simon (S)	Self-advocate	Mid-Cornwall Hub Day Services
Steven Dymond (SD)	Self-advocate and Partnership Boards Community Promoter	Healthwatch Cornwall
Stuart Ralphson (SR)	Self-advocate and Champs Team Member	Cornwall Council
Tina Sanford (TS)	Learning Disability, Autism and Transitions Manager, Adult Social Care	Cornwall Council

APOLOGIES

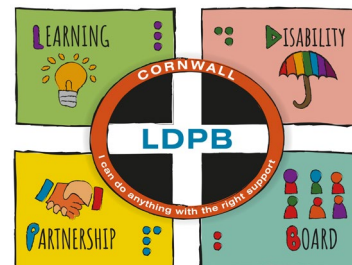
Name	Position	Organisation
Alison Bulman	Strategic Director, Care and Wellbeing	Cornwall Council
Amanda Wilton	Parent Carer	Derriford Patients Council
Cllr Andy Virr	Portfolio Holder – Adults and Public Health	Cornwall Council
Sgt Flo Linscott	Diverse Communities Team Lead (Cornwall)	Devon and Cornwall Police
Gill Pipkin	Chief Executive Officer	Citizens Advice Cornwall
Julia-Wildfire-Roberts	Director & Project Manager	Healthwatch Cornwall & Pentreath Mental Health



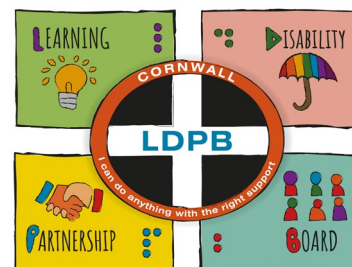
Name	Position	Organisation
Kay Riley	Diva	The Women's Centre Cornwall
Lynda Berry	Parent Carer of an adult with LD	
Martha Reed	Strategic Commissioning Manager, Care and Wellbeing, Adult Social Care	Cornwall Council
Penni Charteress	Community Engagement Worker	The Diva's / The Women's Centre Cornwall
Penny Newman	Team Manager Cornwall, the Isles of Scilly, Plymouth and Torbay	The Advocacy People
Steph Isaacs	Outreach Inclusion Worker	Cornwall People First

ACTIONS AGREED AT MEETINGS

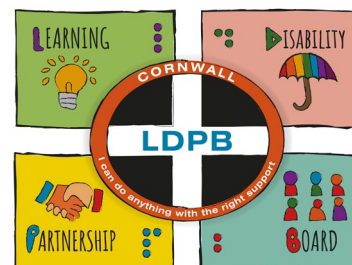
Action	Responsible	Status
Update on opening the Safe Places Scheme to neurodiverse individuals.	FL / SM	Ongoing. Verbal update to Feb 2023 meeting.
Update on meeting with British Transport Police.	CB / FL / MH	Complete. Update 05/01 – CB held encouraging conversations with PC Gavyn Edwards in December. They were to include autism awareness within their training and had already rolled out training in how to spot a vulnerable person on the rail network.
Update on wider work of CPF to a future meeting.	FH	Ongoing. Deferred from November '22 meeting at FH request. To be scheduled.
Form group to take lead on development of the Board.	SM / MH	Complete. First meeting was held 01/02. Update to Feb 2023 meeting
Updates on Accessibility Advisory Group for RCHT as appropriate.	MH	Ongoing.
Email LeDeR report for circulation	NM	Ongoing. Programme now sits with the Quality Directorate. They have commissioned an external company to convert the report to Easy Read at which point it will be circulated. Still awaiting response from Lisa Nightingale, Head of Clinical Quality.
NM to provide timely updates on the NHS Long Term Plan and associated matters.	NM	Ongoing.



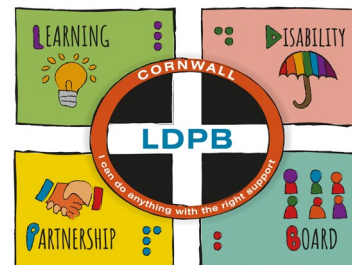
Item	What was discussed	Action
1.	Welcome, introductions and apologies	
	<p>TF welcomed everyone and reported that Councillor Jayne Kirkham, Chair of the Board, was delayed and would join soon. It was agreed that TF chair the meeting until then.</p> <p>TF advised that the meeting was being recorded for minute taking purposes. Permission would be sought from individuals if it was to be shared beyond the meeting.</p> <p>TF ensured that everyone understood the meeting etiquette and how to contribute to the meeting if they had joined online.</p> <p>Apologies received were relayed as detailed above.</p> <p>TF invited everyone present to introduce themselves.</p>	
2.	Minutes of and actions from the meeting held on 8 September 2022	
	<p>MH ran through the actions as detailed within the minutes of the last meeting. Continuing actions are detailed above.</p> <ul style="list-style-type: none"> • Safe Places – It had previously been suggested that relaunching the Safe Places card rather than developing an Autism Alert Card would be more inclusive for all disabilities plus funding was already in place. PC Simon Stone was currently covering Sgt Linscott’s role so work toward that had been delayed. However, SM reported that funding had been achieved to join the national scheme, which meant that users would benefit from being able to use the app. Training resources were also available through the national scheme. The Champs were still working to make the scheme open to neurodiverse individuals that previously wouldn’t have had access to it. • Chris Burns was still awaiting the opportunity to speak with the British Transport Police about the accessibility issues that he raised previously. MH had chased the matter up and identified a new contact. 	Update to next meeting.



	<ul style="list-style-type: none"> • FH had asked that the update on the wider work of Cornwall People First be deferred from this meeting. • At the previous meeting, SW had asked if it was correct that attendees of private day services had to pay for Covid tests but those attending Council run services received them for free? KH had responded following the meeting to say that Day Centres were not receiving supplies of free Covid Tests, but some did have a small supply remaining in stock which they would use if a person was showing symptoms. • MH had again chased up the Quality Directorate about the Annual LeDeR Report and when an Easy Read version will be available but had so far not received a response. NM understood that there had been issues around accessibility standards but it was expected to be available soon. <p>The minutes were confirmed as a true record.</p>	<p>Item to be scheduled</p>
<p>3.</p>	<p>New Learning Disability Partnership Board Logo</p>	
	<p>The Board’s service user and self-advocate members had been invited to design a new logo for the Board. At the last meeting, four entries had been received but all were so good that a winner could not be chosen. It was therefore agreed that JP would incorporate all four designs into one.</p> <p>A professional design team had then produced four versions, included within the agenda, that could be used on print documents and online</p> <p>The consensus of attendees was that option 3 was the preferred choice but it was suggested that option 4 may be better as the colours could lend it better to print. The final decision of which to use was left with the PB team.</p> <p>Letters of thanks and Amazon vouchers were presented to the entrants in the room – the Mid-Cornwall Hub, Marie Lobb and Julie Pape. Kay Riley’s would be posted to her and DH would relay the Board’s gratitude, particularly for the tagline, ‘I can do anything with the right support’. JP was given additional thanks for her work to combine all four entries into one.</p>	



	<p>The Board gave all four entrants a round of applause.</p>	
<p>4.</p>	<p>Updates from members</p>	
	<p>SW – Parent Carers Cornwall (PCC) – There continued to be concern about the lack of short break services. There were still a lot of cancellations and lack of provision, particularly within Children’s. In addition, there were still a lot of children that were not attending school full time because of anxiety and parents felt that the schools had little understanding of the matter. There was a massive lack of the necessary skills and knowledge within staff bases to support children and young people with special educational needs and disabilities.</p> <p>The Aiming Higher Conference, held on 4 October, had been well attended and was hugely successful. Of particular note was the key note speech from Lorin LaFave, the founder of the Breck Foundation, which was founded following the murder of her 14 year old son who had been groomed online. Whilst he did not have a learning disability, it was felt that learning around online grooming was essential for all young people, young adults and their carers in particular. Many would game online and it was essential that everyone knew the dangers.</p> <p>DH – The Women’s Centre and the Divas.</p> <p>New recruits were being sought for The Divas. The role of the group covered many areas, including peer support, training and education, and different options were available depending on what the individual felt comfortable with.</p> <p>As a general rule for new recruits, they would look at how much work individuals had done on understanding abuse and what the team would need to provide to allow them to join safely. That could include one to one support before joining the group.</p> <p>A bidding opportunity had arisen through the South West Peninsula ELS Partnership, a group of lead commissioners in domestic abuse and sexual violence. It wanted to recruit a partnership facilitator</p>	



on a 12 month contract. The role would focus on developing more inclusive support around domestic abuse and sexual violence for people with learning disabilities. It was a very positive role and DH would update at the next meeting.

The following week the Diva's would be providing two training sessions to Oxford Rape Crisis Centre staff. The sessions would be around learning disability and also neurodiversity. Sessions in various parts of the country would be provided through Scotland Rape Crisis Centre in the new year.

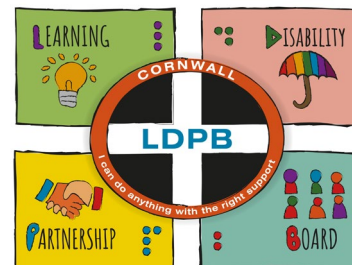
A request had been received from a domestic abuse and sexual violence commissioner for The Divas to train their management team. The training would include an additional focus on addiction and would include both men and women.

On 7th November, Channel 4 would be airing an episode of Dispatches entitled Trapped, Disabled and Abused. It would focus on the fact that in the UK, disabled people were twice as likely to experience domestic abuse than non-disabled people, yet that abuse often went under the radar. It would examine why that was the case through speaking to people that had experienced domestic abuse.

One of the DIVAS was also part of the Us Too group. Over the Summer and Autumn months DH had worked with the women from Us Too, Arc, Open Clasp Theatre Company and researchers from Durham and Sunderland University to create a film. It was a powerful film to understand from women with learning disabilities just what disclosing sexual violence to the police could feel like. MH had circulated details of the first screening to the Partnership Boards and members were recommended to join and asked to share that widely.

FH reported that **Cornwall People First** were currently focussed upon two NHS funded works.

The Sunflower Project was a research project to help to help people to talk about death, dying and loss. A closed group had been meeting in St Erth for 5 weeks and Speak Up groups were also being utilised.



The Practice Partners Project was about people with learning disabilities and/or autism and their GP surgeries working together to provide better services for patients through practical solutions. It was currently linking in with Patient Participation Groups (PPG) in Saltash and St Austell and, hopefully, Penzance or Hayle soon.

It had been necessary to pull back somewhat from holding Speak Up groups in order to focus upon funded work but there was an effort to retain them in PPG areas, which helped to provide good links with the learning disability community.

Advocacy Awareness Week would begin on 7th November with the theme of upholding human rights through independent advocacy. That week's Speak Up group would focus on that topic.

AB raised some causes for celebration.

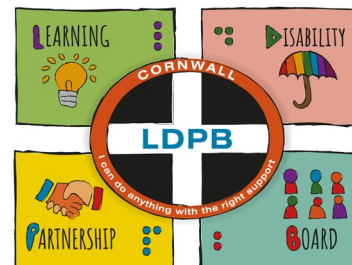
Cornwall had done really well with regard to uptake of Covid and flu vaccinations. If anyone needed help to get theirs they could contact the Primary Care team.

Much work had been undertaken to encourage people to attend their annual health check, particularly through GP practices that hadn't been doing so well in the past. That had included shadowing and training. If people didn't think the check was any good or if they needed help to attend they could contact the Primary Care team.

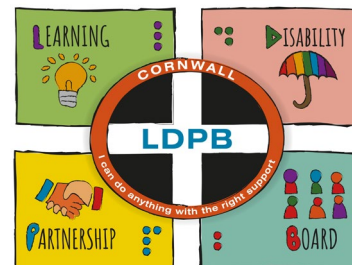
It was very important that people had their checks so the team had been focussing on those people that didn't usually attend in order to find out why and to educate them on why they should. In addition, the Screening section of the team had been working to update their pathways post-Covid. It had also been sharing its good practice with other teams nationwide.

The Champs gave an update.

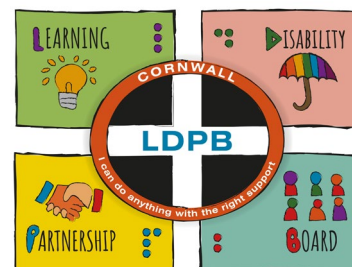
JP said that a Healthy Lifestyles Support drop-in sessions would be held in the new year. People could sign up through the Healthy Cornwall website.



	<p>SR reported that they had rejoined the Safe Places national scheme and the team would be making a video on how to use the scheme and the app.</p> <p>KJ said that they had had given a presentation on how companies should make responsible investments to make recruitment processes inclusive.</p> <p>PO highlighted the Walking for Health groups that people could join for a gentle walk to help improve mobility and increase activity levels whilst having a social chat and make friends with other people from their area. PO gave some great examples of friendships that had formed directly through the walks.</p>	
<p>5. Break</p>		
	<p>The Board had a 10 minute comfort break.</p>	
<p>6. Cornwall Council – Adult Social Care Updates</p>		
	<p>Delivering Better Care</p> <p>The Chair shared an update from Martha Reed, Strategic Commissioning Manager:</p> <p><i>Thank you to those who took part in the self-advocate and service user group discussion on care and support services. The findings from all of the Partnership Board and group discussions are being pulled together and will inform our future plans.</i></p> <p><i>Adult Social Care has a new leadership team and we are taking this opportunity to review our plans, projects and timescales. We are going to pause our engagement while we work together to ensure that our plans will deliver the right care, in the right place, at the right time.</i></p> <p><i>We are keen that experts by experience are involved in designing our engagement plans, and are also involved in facilitating future engagement events. We are committed to engaging with the</i></p>	

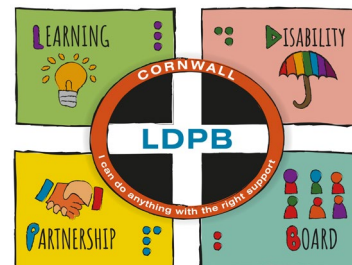


	<p><i>Partnership Boards, self-advocates and service users and will provide a further update on our findings so far and next steps as soon as possible.</i></p> <p>KH added that the new leadership team was looking at the programme of work with a view to prioritising what it was most important to deliver. She provided assurance that nothing would be done without the Board’s involvement as its members voices were the most valuable. She added that one thing they would want to find out was the best ways in which the Council could engage with people with lived experience, including both the means and environmental factors.</p> <p>Direct Payments Policy Review</p> <p>KB provided an update on a matter not included on the agenda. Alison Bulman, the Council’s new Strategic Director, Care and Wellbeing, had noted through the Peer Review that there had been a lot of comments on the Direct Payments process. She felt that there were areas that could be improved on in terms of flexibility and accessibility.</p> <p>Fiona Plummer (FP), Head of Business Support, Integrated Systems and Performance, was tasked with setting up a group to develop a new Policy but also a new set of working principles. FP had liaised with MH and an event had been planned for 30 November. DP service users would be invited to help to co-design a refreshed Policy by making sure that the Council were asking the right questions. Further details would be circulated in the coming days.</p> <p>KB added that it would also be important to consider Individual Service Funds within that context.</p>	
<p>7.</p>	<p>Health Update and Feedback from the LDA Programme Board</p>	
	<p>NM gave a PowerPoint presentation, attached as an Appendix.</p> <p>In addition to the information within the presentation, NM added:</p> <ul style="list-style-type: none"> • The target take-up for Annual Health Checks within the current year was 75%, at least. 	

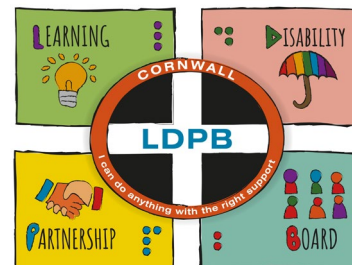


- It was recognised that hospitals all over the country were not great places for people with learning disabilities to be. As a system, the aim was for nobody to be sent outside of Cornwall for a hospital placement. No-one had been sent out of Cornwall during the past 3 years and those that had been were due to return home.
- The three key areas of focus were Staying Healthy, Being Safe and Living Well.
- It was important that safety and wellbeing checks were carried out as often as possible, at a minimum of every 8 weeks.
- A current issue to bring to a future Board was the idea of having hospital beds in Devon for residents of Cornwall.
- An event was held at St Erme on 14 October to launch work looking at the future of health and social care services for people with learning disabilities with the goal of developing a joint NHS and local authority Learning Disability Strategy.
- Key strands would be to ensure that people with learning disabilities weren't dying early, that they were as healthy as possible and that they had the same access to healthcare as everyone else.
- Building the right support would be around ensuring that everyone had support was in place when it was needed.
- It was essential that payment work was provided for people with lived experience that contribute to leadership and co-production work, both individuals and families.
- There was recognition that the Joint Strategic Needs Assessment element of the Strategy process needed to involve people with lived experience as opposed to focusing mainly on statistics.
- Once a Learning Disability Strategy and action plan was in place, the LDPB would play the key role of monitoring progress and holding providers to account should they not be fulfilling their remit.

DH asked if there was a timeframe for development of the Strategy. NM said that NHS and Council colleagues needed to liaise to agree timeframes but key would be engagement and to listen to people with lived experience to gain innovative ways to achieve things. A lot of good guidance was already available, such as, Building the Right Support or the Mansell report, which was old but still extremely valid. Optimistically, NM would like to see a Strategy in



	<p>place early in the new year. DH added that prioritising of actions would be very important.</p> <p>In reference to health inequalities, building the right support and co-production, DH asked if the impact of trauma from abuse, be that impact be displayed as physical, emotional or mental health, had been taken into account. Such matters were often hidden but the Divas had great experience in such areas and, with funding, could help to facilitate wider groups. NM said that trauma was recognised and cited issues identified with hospital admissions that could lead to over-care or even incarceration. NM and DH would liaise outside of the meeting.</p>	
<p>8.</p>	<p>Adult Social Care Peer Review – Developing the Partnership Board</p>	
	<p>Samantha Clark, Chief Executive, Learning Disability England (LDE), introduced herself to the Board and gave a brief overview of the remit of the organisation.</p> <p>LDE had recently supported LD Partnership Boards in other areas to think about how they were currently making a difference for and with people with a learning disability and what they could do to make further difference in the future. KB had invited SM to provide guidance in this area.</p> <p>The key issues would be:</p> <ul style="list-style-type: none"> • How to make a difference; • Who the Board can connect with; • Who gets a say and how people from across Cornwall have the opportunity to take part; • How the Board needs to be organised to achieve the above. <p>SM posed 3 questions:</p> <ul style="list-style-type: none"> • Do you think it’s a good idea to look at how the Partnership Board works now and in the future? • What is most important to remember during the review? That could, for example, be the people that could be involved, ways of working or lessons learned from the past. 	

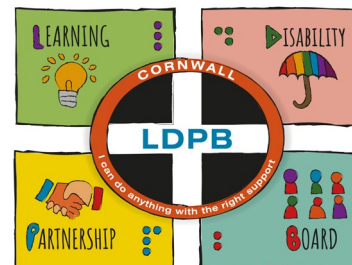


- Could you be part of a small planning group that leads on a review?

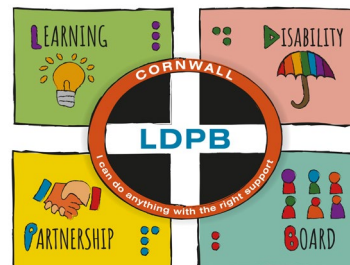
The meeting split into 2 groups, those in the room and those online.

Comments received from the groups centred on:

- Ensuring that parent/carers were engaged. That needed to include all ages as voices of older parent/carers often went unheard.
- Accountability – issues raised need to be addressed.
- Providing the means or incentives for advocacy groups to attend or participate. Proper representation has to be resourced. Experts with lived experience should be paid.
- Clear purpose with necessary funding to achieve it. Strategic discussions require prep work with people with lived experience.
- Specific groups could provide expertise in specialised areas, ie. the Divas for domestic abuse and sexual violence.
- The language used at meetings. A very difficult issue to resolve but one that should be considered.
- The breadth of work required from an advocacy group to participate needed to be acknowledged. It required prep by staff, engagement with service users, possibly presentations, the logistics of attendance and a proper debrief. Without full participation, attendance could be viewed as merely tokenistic.
- Accountability was key.
- It was important to regularly look at and review how the Board was working and where it could improve.
- Valuing People could be utilised as the basis for what the Board could and should look at.
- Representation on a planning group would ideally include knowledge from the East, Mid and West of the county.
- A permanent leadership group could be utilised to inform and engage with people with lived experience outside of and ahead of formal Board meetings.
- Hybrid meetings could be problematic for some and face to face were preferred.
- Environmental costs needed to be considered when arranging meetings.
- Building a safety aspect into the group in terms of allowing people with lived experience to bond and to feel comfortable



	<p>enough to talk about the issues affecting them.</p> <ul style="list-style-type: none"> • Meetings should be held throughout Cornwall. • Ground rules so that everyone could have their say. • Representation had to include, as a minimum, people with lived experience, Adult Social Care, the ICB, relevant health services, families, the voluntary sector and day centres. Clinicians and manager roles needed to be represented. • Ensuring that people that don't use words to communicate or have high support needs are represented. • The need for issues to be considered from a wholistic, health and social care, perspective. • Taking much longer, with tables for people to work together on. Instead of 2 hours, more like 5 hours. That would give time for people to seek clarification, work with supporters etc. However, participation and Partnership Board capacity would need to be considered. <p>MH suggested that another issue to be considered was how the Board should be utilised for consultations and other engagements. Post-Covid, many additional events had been held for such purposes but that already stretched the capacity of the Partnership Boards team, which consisted of just 2 part-time staff. DH agreed and highlighted the amount of time and work that hosting such events takes. She added that there were also many national level events that members could benefit from hearing about but time constraints meant that local work was the focus.</p> <p>It was agreed that SE and the PB Team liaise to form a group with suitable membership to lead on work.</p>	<p>MH/SE to arrange.</p>
<p>9.</p>	<p>Update from Healthwatch Cornwall</p>	
	<p>Due to the meeting overrunning, this item was not considered.</p>	
<p>10.</p>	<p>Any other business</p>	
	<p>Derriford Hospital Learning Disabilities Hospital Passport App</p> <p>Amanda Wilton had been unable to attend the meeting so had the</p>	



following information via email:

Derriford Hospital have produced and developed their LD Hospital Passport as an app as well as the paper copy.

The app is the same format as the information on the paper passport, eg traffic light system – things you must know about me, things you need to know about me, things you should know about me.

There are also the apps for Reasonable Adjustments, Autism, Epilepsy, Pain, Mental Health guide passports.

People can use a tablet or smart phone. The benefits are that it is potentially with them all the time.

Access for care agencies if they use one smart phone to create documents online for all service users.

Members of the public own it. It is easily updated.

Hospital staff can access it via a portal in a different way. The app details will be on LD alerts for the hospital if people have one. Staff can log in via portal and print out a copy.

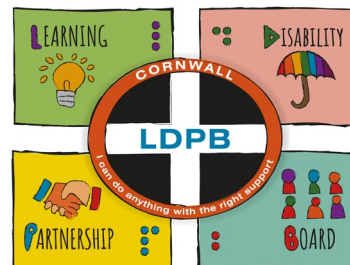
The LD Liaison Team have a target to sign up 500 people to the Hospital Passport app by Christmas 2022.

The hours of the Learning Disability and Autism Liaison Service at Derriford Hospital are:

- *Monday to Friday 8-4pm Saturday and Sundays 8-4pm (Skeleton staff Bank Holidays and weekends). Although they can be flexible on times to support people.*

Contact details are:

- *by Email: plh-tr.learningdisabilityhospitalteam@nhs.net*
- *by Telephone: 01752 431566*



The Champs Vaccine Song

The Champs gave the meeting a live performance of their new song to encourage flu and Covid vaccine uptake, with a number of Board members joining in and dancing online!

The Board thanked the team and gave them a round of applause.

Transport to Day Centres

It was highlighted that transport to and from day centres was still a problem for some. The matter was noted.

Future Meetings

Dates for meetings in 2023 were currently being set with commissioners and would be circulated soon.

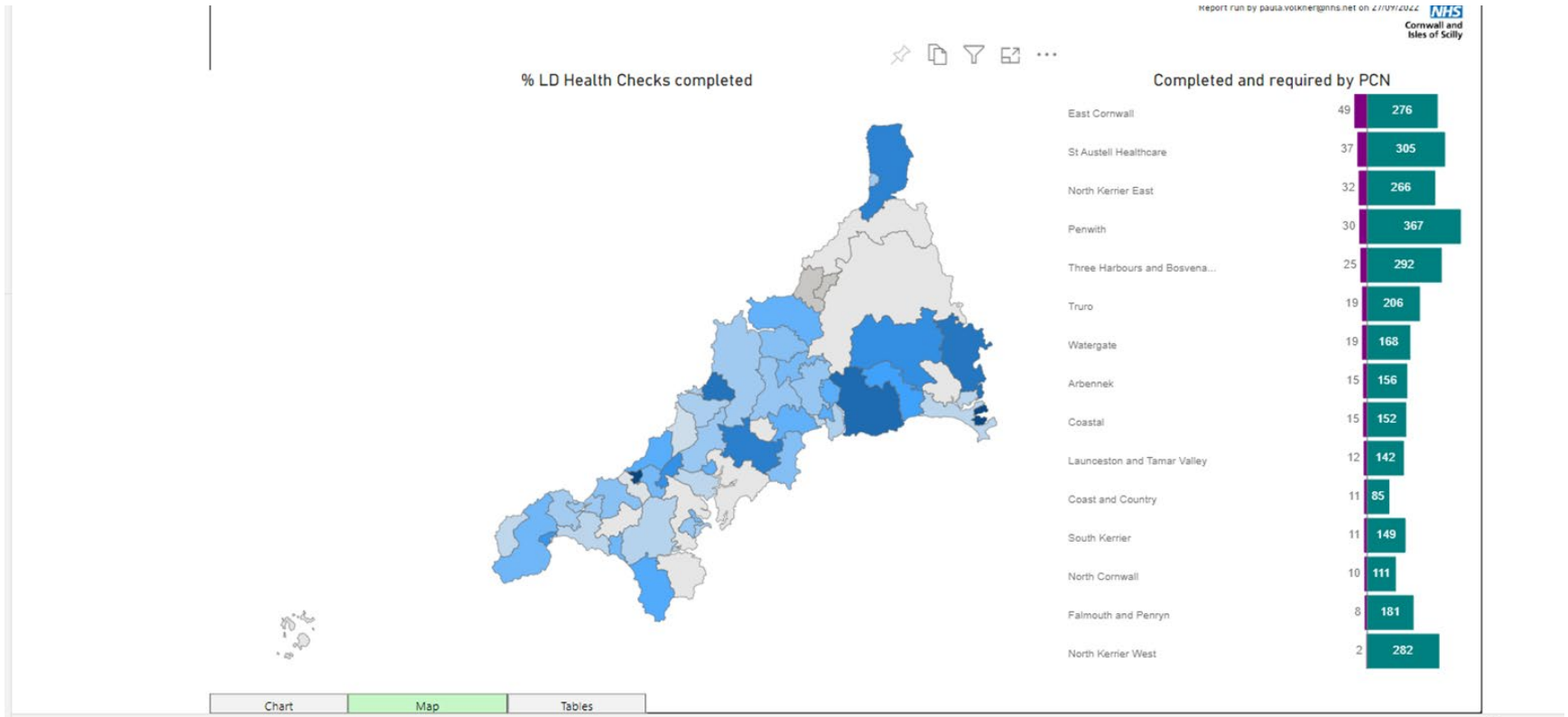


**Cornwall and
Isles of Scilly**

Learning Disability Partnership Board Update

Nory Menneer

Annual Health Checks



Safety and Wellbeing Checks

- Advocacy for people in hospital is not working well.
- Advocates for people in hospital in Cornwall are meeting with our clinical reviewer (Debbie)
- We are still having problems with advocacy for people in hospitals outside of Cornwall

Safety and Wellbeing Checks

- Family contact is reduced when people are sent to hospitals outside Cornwall and the Isles of Scilly. Family contact for people in hospital needs to be improved.
- CTR training delivered to some inpatient mental health wards in Cornwall, the training makes sure that everyone understands that family contact is important.
- In some individual cases, the clinical review officer will need to work with hospitals outside Cornwall to improve family contact.
- CTR reports are shared securely with families and advocates when the person has given consent for this to happen.

Safety and Wellbeing Checks

- Sometimes individuals with learning disabilities or autism are admitted to hospital without us knowing.
- A new form is being developed which has a section asking the question on whether a patient has an additional diagnosis of LD or ASD and requiring a box to be ticked to confirm notification to the transforming care team. CTR training being rolled out to CFT MH inpatient staff.

Health and Wellbeing Checks

- People with learning disabilities and autistic people are mainly admitted to local mental health wards if they require treatment. We need to help our local mental health services to work well with these people.
- AIST are developing some general autism awareness training that they are planning to role out to the MH inpatient staff in Cornwall.
- Mental Health services are working with the Cornwall Autism Partnership Board to improve access to mental health services.

- LeDeR reviewer capacity: there are 7 notifications to be allocated for review which is one less than last month. The revised job description is with People Team for approval. The next step will be for a resource request to be submitted with the expectation that this will be approved in order to support an increase in reviewer capacity and therefore timely completion of reviews. There remain 3 cases on hold due to statutory processes having primacy.
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- The limited progress towards priority workstreams as identified in the annual report was reported upon last month. Workstreams included constipation, tackling obesity, and Treatment Escalation Plan (TEP) audits.
- Quality manager has raised with commissioning colleagues and sought assurance through the Learning Disabilities Operational Group. There is significant research being undertaken within the foundation provider trust and in conjunction with families. An example is that of individual bowel care plans are being offered to carers who request them; these take 60-90 minutes to develop and 7 have been completed to date. Updates on the topics of tackling obesity and auditing TEPs require quality manager to liaise with commissioning team and provider at the next Operational Group, scheduled for 29 September.
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- Following a member of the public querying the LeDeR programme at Cornwall Foundation Trust (CFT) Board meeting, we have identified a gap in the process of reviews where the review form does not stipulate if contributors and/or families would like to receive a copy of a review. In the absence of the NHSE platform having a facility to record if someone would like a copy, we have now in Cornwall developed our own local process to ensure that this question is asked and recorded. Further, we noted that the review document is not especially reader-friendly and can be quite impersonal – in Cornwall and Isles of Scilly we now request reviewers to ask if people would like the full review report or a summary letter. We plan to audit the compliance with this in preparation for the next annual report.

- There are 6 cases with the Child Death Overview Panel (CDOP) and the learning from these panels will be shared for the purposes of LeDeR. A verification check has been completed to confirm the accuracy of the cases held by the CDOP South West Peninsula and of those notified to the national LeDeR platform. This verification check confirmed that the CDOP and LeDeR data is accurate.

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