

<b>MEETING NOTES:</b>	Meeting of the Learning Disability Partnership Board
<b>DATE:</b>	Tuesday 8 June 2021
<b>LOCATION:</b>	Via Teams

## ATTENDANCE

Name	Position	Organisation
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Helen Newton (HN)	Administration Officer	Healthwatch Cornwall
Allison Kirk (AK)	Learning Disabilities Community Nurse	Cornwall Partnership NHS Foundation Trust
Amanda Wilton (AW)	Representative of the Patient Council and Carer	University Hospitals Plymouth NHS Trust
Anne Bowdler (AB)	Primary Care Liaison Nurse for Adults with a Learning Disability	Cornwall Partnership NHS Foundation Trust
Christine Bateman (CB)	Advocacy Manager	Cornwall Advocacy
Dina Holder (DH)	Community Engagement Manager	The Women's Centre / DIVAs
Ebony Rose Thomas (ERT)	CHAMPS	Cornwall Council
Fliss Hedge (FH)	Outreach Inclusion Worker	Cornwall People First
Sgt Flo Linscott (FL)	Diverse Communities Team Lead (Cornwall)	Devon and Cornwall Police
Hannah Welch (HW)	Primary Care Liaison Nurse	Cornwall Partnership NHS Foundation Trust
Heather Davison (HD)	Carer and Self Advocate	DIVAs and ICAN
Cllr Jayne Kirkham (JK)	Cornwall Councillor for Falmouth and Penryn	Cornwall Council
Jenna Pulley (JP)	Co-Director	Cornwall Partners in Policymaking
Kay Riley (KR)	Self-Advocate	DIVAs
Lesley Saunders (LS)	Coordinator	Shared Lives South West
Lynda Berry (LB)	Parent Carer of a person with LD	
Nory Menneer (NM)	Clinical Lead and Learning Disabilities Commissioner	NHS Kernow Clinical Commissioning Group
Penni Charteress (PC)	Community Engagement Worker	The Women's Centre / DIVAs
Rebecca Goodey (PC)	Clinical Psychologist	Cornwall Partnership NHS Foundation Trust
Sam Edwards (SE)	Nurse Consultant, Learning Disability Service	Cornwall Partnership NHS Foundation Trust
Sandra Ward (SW)	Parent Carers Cornwall and Chair of Carers Partnership Board	Parent Carers Cornwall
Scott Fuller (SF)	Adult Social Care	Isles of Scilly Council
Shelagh Mitchell (SM)	Liaison Lead for Healthy Cornwall and CHAMPS Manager	Cornwall Council
Steve Hillman (SH)	Healthy Lifestyle Delivery Advisor	Healthy Cornwall

Tamsin Tripp (TT)	Assistant Psychologist	Cornwall Partnership NHS Foundation Trust
Tasha Milton (TMi)	Disability Employment Advisor covering North Cornwall	Job Centre Plus
Tim Moss (TMo)	Specialist Change Coach	Healthworks for Cornwall, Pluss
Vicki Allen (VA)	Adult Social Care Commissioning Manager with responsibility for Learning Disability and Autism	Cornwall Council

## APOLOGIES

Name	Position	Organisation
Nuala Kiely	Partnership Boards Officer	Healthwatch Cornwall
Cllr Andy Virr	Portfolio Holder - Adults and Public Health	Cornwall Council
Claire Martin	Deputy Director of Nursing	NHS Kernow Clinical Commissioning Group
Gordon Christie		
Helen Childs	System Director - Integrated Communities	NHS Kernow Clinical Commissioning Group
Neil Carpenter	Volunteer Advocate, principally for people with LD	Cornwall Advocacy
Paula Varndell-Dawes	Strategic Manager	East Cornwall Primary Care Network
Paula Volkner	Project Manager, Transforming Care Programme	NHS Kernow Clinical Commissioning Group
Steve Dymond	Self-advocate	
Suzanne Wixey	Service Director Adult Social Care and Support	Cornwall Council

## ACTIONS AGREED AT THE MEETING

Action	Responsible	Status
JR to provide the PB Team with details of RCHT training day for circulation, once finalised.	JR / PB Team	Incomplete.
AS to provide the PB Team with Day Services reopening letter.	AS / PB Team	Incomplete. Letter not shared as government guidance on the lifting of Covid restrictions changed the following day.
AS to provide details of where the employability service advertised job vacancies.	AS / PB Team	Incomplete.
AS to email a briefing note to the PB Team with more info on employability services	AS / PB Team	Incomplete.
NM to encourage the Primary Care Liaison team to cross its registers with those of Adult Social Care.	NM / AB	Ongoing. Anne Bowdler confirmed that the cross reference of registers with ASC was still work in progress as the sharing agreements have had to be rewritten.
NM to provide timely updates on the NHS Long Term Plan and associated matters.	NM / PB Team	Ongoing.
Liaise to ensure timely updates on progress of LD Strategy.	AS / TS / PB Team	Ongoing. MH met AS & TS in May. Update to 8 June 2021 LDPB.

		Update due at Sept 2021 LDPB.
Convert Direct Payments information into easy read, for circulation.	NK	Ongoing.

Item	What was discussed	Action
1.	<p><b>Welcome, introductions and apologies</b></p> <p>MH invited everyone present to introduce themselves and to provide a short update on their work or experiences since the last meeting, held in March.</p> <p>Shared Lives SW had been continuing to assess carers, matching service users with carers and arranging short breaks. Some new carers had also recently joined.</p> <p>Parent Carers Cornwall had been developing a package of information for the SEN departments at every primary and secondary school to ensure they had up to date information on the support available for parents and carers. 5,000 copies of a guide to services for 0-25 year olds were being sent out. If anybody knew of anybody who would benefit from receiving one they should request it through the Partnership Boards team.</p> <p>The Clinical Psychology team at CPFT had just started to work with the CHAMPS to look at improving digital inclusivity, with a specific focus on clinical work and how to make digital platforms work or the alternatives available when they did not.</p> <p>The Women’s Centre Cornwall had been involved in a key piece of research with Lancaster University around the accessibility of ‘Claire’s Law’ for women with learning disabilities or Autism and to produce supporting resources. The Centre were keen to hear from anyone who was supporting women who might like to join the DIVAs and gain support around abuse.</p> <p>The DIVAs were working on making some short information films for women. They were also on their third OCN unit, after which they would have their Level 1 training certificate. Unfortunately, a recent bid for Comic Relief funding for gender justice work was unsuccessful. However, the bid reached the final 30 out of 800 applications which was hugely encouraging. The group would be keen to hear about any ideas for funding opportunities. Claire Martin offered some suggestions and support.</p> <p>Healthy Cornwall had undergone a programme of modernisation and the team would be increasing. The CHAMPS had become Green Champions and had launched a walking group to help people to get out and enjoy fresh air. Anybody could join the walking group and the CHAMPS could be contacted direct or through the Partnership Boards team.</p> <p>The Learning Disability Service at RCHT had been working on a flag for their RIO system to highlight when a patient with learning disabilities was admitted to the wards, in order to help improve service experience. There was also a Trust wide improvement project to look at accessible communications across all Trusts to consider peoples different communication needs.</p> <p>Devon and Cornwall Police were reviewing all hate crimes and were focused on improving the reporting of hate crime. A series of community engagement events planned for this year had now been postponed to next year.</p>	

	<p>Jane Rees, Manager of the Learning Disability and Autism team at RCHT was currently also covering Safeguarding for CFT. Mandatory LD and Autism training was being rolled out at RCHT and that training was also open to all at CFT following integration. From 14 June it would be open to every health professional to link in. They were also trying to set up another carers training day at RCHT. Did one 2 years ago which was really successful but last year's was cancelled due to the pandemic. They were aiming to hold it around October/November.</p> <p>The Primary Care Liaison Nurses had been cross networking working with the Community Team to support the flagging system on RIO and working across the service with Families Together and the Clinical Commissioning Group to help increase the uptake of annual health checks for people aged between aged 14-18.</p> <p>Derriford had made their Learning Disability training mandatory, with effect from January this year, and hospital passports were promoted as part of the training. Carers training was not currently mandatory but it would be discussed at the Patient Experience Committee with a view to making it so in the future.</p> <p>The Liaison Service for people with Autism provided by the Autism service at Derriford was currently funded until 20 June. If further funding was not secured the service would end. The Partnership Boards team would circulate the email addresses of the lead partners in order for people to send expressions of support for the continuation of the service, should they choose to.</p>	<p>JR to provide the PB Team with details for circulation, once finalised.</p>
<p>2.</p>	<p><b>Minutes of and actions from the Joint Meeting of the Autism &amp; Learning Disability Partnership Boards held on 23 March 2021</b></p>	
	<p>The Minutes of the last meeting were confirmed as a true record.</p> <p>MH updated on the actions from the previous meeting:</p> <ul style="list-style-type: none"> <li>• Information on the re-opening of Day Services and respite was e-mailed by the PB team on 6 April 2021.</li> <li>• Learning Disability Programme and LeDeR updates had been circulated with agenda.</li> <li>• Conversion of Direct Payments information into easy read had been delayed.</li> <li>• Presentation to LDPB on the NHS Long Term Plan was to be considered later in the meeting.</li> <li>• Feedback from LDPB and APB members had shown a clear preference to return to individual meetings rather than the joint meetings that had been held throughout the pandemic due to overlapping issues for consideration.</li> </ul> <p>Anne Bowdler confirmed that the cross reference of registers with ASC was still work in progress as the sharing agreements had to be rewritten.</p>	
<p>3.</p>	<p><b>Feedback from the 1 June 2021 Learning Disability, Autism and Carers Service Users Event</b></p>	

MH fed back from the recent Learning Disability, Autism and Carers Service Users Event.

### **Update on Day Services**

MH had sent the following summary of the discussion to AS and TS on 3 June:

*Helen Cahalane from Cornwall Council had said that a letter would be sent to service users very soon. There were more service users in the West but more people in the East had received some sort of service since 12 April. That could be partly because of Covid rules. In the East, 93 people had received a service and 27 people had received no service at all. In the West, 70 people had received a service and 78 had received no service at all.*

*Members of the group were frustrated as private day services had reopened successfully whilst Council services remained very restricted. They wanted to know how private services were able to meet government guidelines on bubbling, social distancing etc but the Council could not.*

*A member cited one day service that was only able to take up to 15 people. Users had varying ages and degrees of disability and autism and they were finding it very hard to reintegrate. They were having to start again with all of their practices such as relationships, tolerance, being calm etc, and that was making it very difficult for them to get on with their peers. It was very worrying that numbers showed that some people were not returning, possibly due to mental health issues on top of their pre-existing conditions, and indicated that people could not cope having had such limited support for such a prolonged period.*

*Helen had said that the people were prioritised for a service through a fair, nationally recognised system. A member said that the Council used a traffic light system - those with highest need were identified with a red light and they were prioritised to receive services.*

*A member asked what guidance the Council were following for the reopening of day care services and Mike posted this link - [How to approach re-opening day care services \(scie.org.uk\)](https://www.scie.org.uk/resources/publications/2020/04/how-to-approach-re-opening-day-care-services).*

*As people had cared for their loved ones at home for 15 months, it was thought that the Council must have reserves of unspent monies. Was that the case and, if so, what would that money be used for?*

*A member said that she understood that not all service users received the last letter that was sent out on 6 April.*

*Often only 1-2 hours of outreach was offered a week. Everyone agreed that service users desperately needed the return of day services - the most vulnerable people in society were being let down by the Council. A breakdown of services offered was requested.*

*Mike added that he understood that the Council still intended to follow the plans in its 6 April letter but people should be mindful that the Council would have to follow Government rules if the easing of lockdown restrictions was delayed beyond 21 June.*

*A member asked if people had not been offered services due to falling foul of*

<p><i>the financial assessments?</i></p> <p><i>A member questioned why the Council had changed their policy on allowing people to buy laptops with their direct payments. Communication was a basic need and without that service users were being made to feel more vulnerable and isolated while day services were shut. A member suggested that Outreach could provide tablets.</i></p> <p><i>A member questioned why the Council had not set up Zoom or Teams meetings as engagement with service users while day services had been shut.</i></p> <p>MH asked that AS present her Update on Day Services and address the issues raised.</p> <p>AS updated on the reopening of day services, which had resumed in part in April.</p> <p>Services were adhering closely to government guidelines and letters had been posted to parents and carers the previous day regarding the next phase of reopening and the plan for prioritising service users.</p> <p>A programme was underway to recruit additional staff to ensure sufficient resource to be able to open as fully as possible. 20 posts were currently being advertised.</p> <p>All service users would receive a phone call to have a focussed conversation about their needs.</p> <p>Several Day Services were unable to open due to safety issues within the buildings they were based in. Alternatives were being explored.</p> <p>Priority focus was on those service users who needed to return but some users would not be able to receive the same package they had before in the immediate term. Where the same package could be offered it would.</p> <p>Respite services had partially opened, subject to staffing and where Covid safety was possible. Individual conversations with service users would identify and prioritise their needs as appropriate.</p> <p>Unfortunately, a full return of day services as they were pre-Covid could not be guaranteed. Where people would prefer community support rather than home support that would be reviewed.</p> <p>Where day services could not be offered, outreach would be offered as an alternative where possible. What that would look like would depend on individual needs.</p> <p>If anybody had any concerns about individuals in need of additional support to reintegrate they should inform AS.</p> <p>LB advised that Boscawen Farm and Kehelland were back up and running and doing an excellent job. Cornwall Partners in Policymaking were offering whatever support they could to help parents and families.</p> <p>Kay had asked whether any of the advertised jobs could be made available for people with learning disabilities, with support if necessary. AS advised that Cornwall Council had an Employability Service that had already developed two</p>	<p>AS to provide details of where the</p>
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	<p>café offers which are staffed and run by people with learning disabilities and that a bid had been submitted for a third café which would create additional opportunities. A peer mentorship model was also another possibility.</p> <p>If anybody was aware of anybody looking for jobs, placements, or apprenticeships they could contact the Employability Team, who would help them in their search for paid work.</p> <p><b>Making Disability Visible</b></p> <p>The service user group had discussed a scheme to help make disability more visible in the community. DH and FH names were mentioned as possibly being interested in helping to progress.</p> <p><b>Hospital Passports</b></p> <p>Learning Disability awareness was mandatory training for all hospital staff at Derriford and Hospital Passports were promoted as part of that training. Learning Disability Link Workers also promoted their use on the wards.</p> <p>It was agreed that a Learning Disability Liaison Nurse to come to a future meeting to discuss Hospital Passports with the group.</p> <p>A member was currently working with colleagues at Treliske on medical cards and hospital passports and they were due to meet again soon. She also hoped to involve Derriford.</p> <p><b>Support for the Continuation of the Liaison Service for People with Autism provided by the Autism service at Derriford</b></p> <p>As stated earlier, the service was currently funded until 20 June. The group had agreed that MH email the lead partners to express support for the continuation of the service. NM confirmed that email had been received and encouraged others to write with their support.</p>	<p>job vacancies were advertised.</p> <p>AS to email a briefing note to the PB Team with more info.</p>
<p>4.</p>	<p><b>Update on the Learning Disability Strategy - Ann Smith, Cornwall Council</b></p>	
	<p>AS opened by acknowledging that Cornwall Council had not focused sufficiently on developing services for people with learning disabilities, autism and mental health. A lot of focus had previously been placed on older people but there was now an opportunity to develop a co-ordinated approach across all transformation programmes to engage across all age groups. Any comments and observations from the LDPB would be welcomed.</p> <p>It was intended to have individual Learning Disability and Autism Strategies in place and ready to launch by April 2022. There were several bespoke pieces of work required to support that and governance processes to go through, which AS would clarify at the next meeting of the Board.</p> <p>The housing and accommodation stream was being supported by HOLD (Home Ownership for People with Long-Term Disabilities), looking at supporting people with learning disabilities to get mortgages. The Council was keen to increase assured tenancies for people and move people out of shared care and residential settings if they were not suitable for them. Work was also being done with specialist architects to look at bespoke building requirements,</p>	

	<p>although overall housing needs would be considered as part of the Cornwall Housing Strategy. The Council could also offer support to young people in making a case for investment into a deposit for a property purchase.</p> <p>There was work being undertaken that aimed to eliminate the stress of transitioning from childhood to adulthood. It was agreed that the way in which the ‘transition’ period was recognised and handled needed to be re-evaluated in order to ensure that reaching 18 was not an unnecessarily stressful time for individuals.</p> <p>The team were also working with CFT colleagues to increase health checks for people with learning disabilities.</p> <p>Work was being done to make respite services into short breaks for individuals and/or families and to identify what short breaks should look like given the wide variety of different scenarios.</p> <p>RG asked whether there would be any consideration within the Strategies for the health and wellbeing of family carers and care staff. AS noted that the Carers Strategy had recently been refreshed and was due to launch. There was work underway to look at Cornwall’s core offer for care staff and to put additional support in place, including somewhere for people to go for support over and above their usual supervision process.</p> <p>AW asked how health services were inputting to the strategy, particularly where services were provided by health rather than the Council. AS said that colleagues from CCG and CFT were involved in all the discussions so the strategy would be a ‘single voice’.</p> <p>AS would provide an update on progress with the Strategy, including how the Board will be involved in the process, at its next meeting.</p>	
<p>5.</p>	<p><b>Presentation on the NHS Long Term Plan for Learning Disability and Autism - Nory Menneer, NHS Kernow</b></p>	
	<p>NM updated the meeting on the NHS Long Term Plan, a 10-year plan for all health services with 6 main aims:</p> <ol style="list-style-type: none"> <li>1. Making sure the NHS works in the best way possible.</li> <li>2. Getting better at helping people stay well.</li> <li>3. Making care better.</li> <li>4. Supporting staff and helping staff progress.</li> <li>5. Putting more money into new technology and systems.</li> <li>6. Using extra money to make sure the NHS works well in the future.</li> </ol> <p>In previous years, the NHS had seen a substantial amount of investment in mental health and now there was a real focus on investment from the government into learning disabilities and autism.</p> <p>The first priority was to improve community-based support by providing support in homes rather than specialist hospitals. Also, to provide crisis support 24/7 to prevent people being placed in hospital, with a particular focus on children and young people in the first wave of investment.</p> <p>It was intended to develop a clearer and more widespread focus on the needs</p>	



	<p>of autistic people and their families, starting with a focus on children and young people. Getting a diagnosis of Autism currently took a long time and the plan would look at ways to improve that pathway.</p> <p>Good quality health, care and treatment would enable equal and fair access for people with learning disabilities and autism, making reasonable adjustments in all NHS services and quality checking inpatient services.</p> <p>Reducing health inequalities would improve access to annual health checks and stop overmedication of people with learning disabilities and autism.</p> <p>There would also be a focus on increasing engagement and using the insights and strengths of people with lived experience and their families, involving them in quality checking of services.</p> <p>Working together to constantly check and identify how many people with learning disabilities lived in the community and recognising their needs would improve the support they were offered and received.</p> <p>NHSE had asked local Trusts to develop a three-year learning disability and autism plan, which had already been drafted. The Programme Board Terms of Reference had been completed and the Integrated Care System was bringing together health services and social care across the county to ensure they worked together rather than separately.</p> <p>The three-year spending plan was against programmes that had already been agreed. The investment from the centre came in two forms - investment that was previously planned, which had largely been allocated to children and young people, and further development money which could be applied for to be allocated to local priorities. NHS England would specify what the money must be spent on.</p> <p>NM would provide a full update at a future meeting of the Partnership Board, when timely, on investment plans, their implications and priorities.</p> <p>Concerns had been raised with SW that some GP surgeries were experiencing difficulties in accessing residential placements to vaccinate individuals and that individuals may not be receiving a vaccine due to concerns around mental capacity and understanding etc. NM would liaise with SW outside of the meeting.</p> <p>AB added that if there were any referrals that needed to be made where reasonable adjustments were required, the LD team were happy to support.</p>	<p>NM updates to future meetings.</p>
<p><b>6.</b></p>	<p><b>Any other business</b></p>	
	<p>There was discussion around digital inclusivity and involvement in future meetings. Virtual meetings were very helpful for some but disabling for others. Conversations were ongoing within the CHAMPS team to consider digital diversity issues.</p> <p>The service user group meetings were set up last year, in part to enable people to speak openly without the pressure of professionals being in attendance. This worked well but attendance at the last meeting was reduced. However, feedback from most attendees was that they still preferred virtual meetings.</p>	

	<p>Many self-advocates that would like to attend meetings did not have digital capacity. It was agreed that this was a piece of work that required further exploration.</p> <p>JP said that Citizen Checkers had funding to provide devices for people that did not currently have digital access. The funding also provided 10 hours of peer-to-peer support per person to help them get online.</p> <p>MH drew attention to the South West Learning Disability and Autism Stocktake of services currently being undertaken by Avon &amp; Wiltshire Mental Health Partnership NHS Trust. Details of the scope of the study and a table in which details of services could be added would be circulated following the meeting. Members were encouraged to participate.</p> <p>AW added that the Derriford user group were very keen to encourage people with learning disabilities in Cornwall to attend their regular meetings. If anyone was aware of anybody who might like to join they should let the Partnership Boards team know.</p>	
<p><b>11.</b></p>	<p><b>Future meetings</b></p>	
	<p>2021 scheduled meetings (all 10am to 12pm on a Tuesday unless otherwise stated):</p> <ul style="list-style-type: none"> <li>• Joint Learning Disability &amp; Autism and Carers Service Users Event - 7 September - Zoom</li> <li>• Learning Disability Partnership Board - 10am, Tuesday 14 September - Teams</li> <li>• Joint Learning Disability &amp; Autism and Carers Service Users Event - 23 November - Zoom</li> <li>• Learning Disability Partnership Board - 10am, Tuesday 30 November - Teams</li> </ul>	