

What Next: Action Planning with the CB-NSG and the LD Professional Senate

In this final session of the day, Cally Ward (Challenging Behaviour Foundation) alongside Crispin Hebron and Sandy Bering (LD Professional Senate) led 'What Next: Action Planning with the CB-NSG and the LD Professional Senate'. This was an opportunity to discuss the actions that had been proposed in the workshops and determine how they would be achieved. This was a busy session, but led to concrete commitments and a chance for attendees to reflect on how they could also make personal changes.

| Workshop | Charter principle | Action |
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| Working in partnership with families to develop local pathways for children and young people | 2: Early intervention 3: Family involvement 7: Evidence based approaches (incl. PBS) | <ol style="list-style-type: none"> 1. This workshop discussed how it was important to provide practical support to families to know what good looks like and in what ways they are able to challenge Local Authorities, Commissioners and professionals. It was agreed there should be a move to involve families at all levels including: <ul style="list-style-type: none"> ○ Family Carers training professionals ○ Family Carers involved in recruitment ○ Family Carers part of multi-disciplinary discussions from start 2. It was also discussed how innovative funding models could be explored and developed so financial resources were directed to the right place. A priority was making the case to Public Health England and other stakeholders that this is a preventative programme (like stopping smoking) and if they were to invest in early intervention they would save money and improve outcomes. The point was also emphasised that it was important not to cut what little is there. |
| | | Action: National Network of Parent Carer Forums (NNPCF) representation on LD Professional Senate |
| | | Action: CB-NSG to share good practice examples of working with families |
| | | Action: Write to stakeholders above outlining these principles and request a response by the next CB-NSG meeting |
| Call to Action on Medication and prescribing | 7: Evidence based approaches (incl. PBS) 8: Support for Challenging Behaviour 9: Best practice | <ol style="list-style-type: none"> 1. Before medication is prescribed there is always a 'making sense' meeting with all stakeholders which leads to an agreed intervention plan. A priority is to make sure a full history is taken from the family and providers before medication is prescribed. 2. Ensure that existing NICE guidance and Royal College of Psychiatrists' Practice Guidelines surrounding antipsychotic medication for challenging behaviour is being followed. Audit NICE and RCPsych guidance on medication for people with learning disabilities. |
| | | Action: Ashok Roy to draft short statement 'making sense' meeting, and present to Medication Oversight Group to ensure it is included in the key messages for the call to action |
| | | Action: Call to Action Delivery group to develop a benchmarking template around medication |

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| | | prescribing which can be trialled through care-coordinators |
| Workforce development – supporting providers to develop their staff to successfully support people with learning disabilities and behaviours described as challenging | 4:Person-Centred Planning | <ol style="list-style-type: none"> 1. It was discussed in this workshop that it was important to develop a non-management career pathway in social care – particularly in practice leadership. This would lead to a more skilled workforce with career projections for front line staff. 2. Review social care roles and existing training/development opportunities available to social care workers in order to assess and understand what the current professional development pathways are in social care. |
| | 5: Access to Health Care | |
| | 6: Right to Housing (et al.) | Action: Meeting to explore this led by Ben Higgins (BILD) with Skills for Care, CB-NSG and HEE engaged |
| | 9: Best practice | Action: Produce a simple resource for workers about opportunities available & how to access them. |
| | | Action: Ann Norman to share social care certificate from Royal College of Nurses with LD Professional Senate |
| Workshop: Good communication to improve the inpatient experience | 4:Person-Centred Planning (incl. communication) | <ol style="list-style-type: none"> 1. It was explored in this workshop how communication is used in Assessment and Treatment Units and agreed that each inpatient service should have a communication strategy based on the 5 Good Communication Standards. This includes forensic in-patient services. 2. The group discussed that a checklist of meaningful involvement has been produced and it was important to share this widely including into the Care and Treatment Review process. Statutory training around communication for team leaders of front line staff in line with the workforce core competencies was also recommended, 3. It was agreed that it was important to share examples of service specifications that involved communication needs for people moving out of inpatient setting. This will be fed into various expert reference groups. |
| | 5: Access to Health Care | |
| | 7: Evidence based approaches (incl. PBS) | |
| | 9: Best practice | Action: Royal College of Speech & Language Therapists to liaise with the LD Professional Senate & CB-NSG to create an audit tool & action plan template to enable inpatient services to audit and review action plan annually |
| | | Action: Shaun Gravestock to review communication standards included in LD AIMS & Forensic Peer Review to ensure they are up-to-date and reflect the 5 Good Communication Standards |
| | | Action: Explore feeding the involvement checklist into Care & Treatment Reviews (CTRs) with the aim of involving individuals in the CTR process more effectively. |
| | | Action: Discuss statutory training with Health Education England, Skills for Care, Skills for Health – CB-NSG and LD Professional Senate to formally write to the above about how to take forward. |
| | | Action: LD Professional Senate and CB-NSG members to be asked for good practice examples regarding communication. RCSLT is to consider how to take this forward with partners. |
| Enabling Local | 4:Person-Centred | 1. The group agreed that it was important to develop guidance on managing risk well in a |

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| Learning Disability Specialist Teams to manage risk so people are supported in the least restrictive environments | Planning (incl. communication) 6: Same rights as everyone else 7: Evidence based approaches (incl. PBS) 9: Best practice | service and set out the responsibility of different organisations/partners within the service |
| | | 2. It was also felt that commissioners needed to include guidance in contracts with local authority/NHS/independent providers on what specifically they are each expected to provide. It was agreed that NHS England & Local Authorities have this responsibility. |
| | | 3. Plan to take forward Local Learning Disability Partnerships to have a strategy to ensure that all providers work in partnership to manage risk. |
| | | Action: LD Professional Senate and CB-NSG engage with NHS England to scope what is available currently regarding risk management |
| | | Action: Identify if new resource around risk management is required and plan its development |
| | | Action: CB-NSG and LD Professional Senate to formally write to Transforming Care Delivery Board to ask what they have done about commissioners providing specifications around risk to providers and other services |
| Working Effectively with Families to Bring About Strategic Change | 3: Family involvement 6: Same rights as everyone else | 1. This workshop explored the creation of a Family Development Worker for Adults in Gloucestershire. The group discussed how a joint key worker across health and social care for each Transforming Care Partnership could be developed and used to realise the minimum national standard around family engagement that has been set out in the Service Model. |
| | | Action: To write-up/disseminate the learning from the Family Development Worker in Gloucestershire |
| | | Action: To promote this model to Local Authorities and Transforming Care Partnerships |
| Moving on: Minimising Risk and involving experts by experience | 3: Family involvement 4: Person-Centred Planning 7: Evidence based approaches (incl. PBS) 9: Best practice | 1. This workshop highlighted that it was important to pull together the definition/s of co-production for better understanding and clarity |
| | | 2. The group discussed good behaviour support plans and training for families/professionals to implement them, including a focus on transition points. |
| | | Action: LD Professional Senate to collate and disseminate definition/s of co-production |
| | | Action: LD Professional Senate and CB-NSG to encourage members to explore ways to it put into practice |
| Efficient, effective and with economy? | 6: Same rights as everyone else | 1. The group agreed that it was important to encourage stakeholders to submit evidence to the NAO inquiry in order to effectively assess the progress of the Transforming Care |

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| NAO audit of Transforming Care | 7: Evidence based approaches (incl. PBS) | <p>Programme. It was discussed that it was important to consider actions from the final report and how to implement change based on the finding.</p> <p>2. Representative from Provider Task Force, Voluntary Organisation Disability Group, and Learning Disability England discussed how to use NAO findings relating to provision to review 'Driving up quality code' & its implementation.</p> |
| | 8: Support for Challenging Behaviour | Action: CBF to circulate details of how to submit evidence to this work to CB-NSG Members |
| | 9: Best practice | Action: CB-NSG and LD Professional Senate to circulate details of final report and explore with members what actions may follow. CB NSG to consider the report recommendations within March 2017 meeting. |
| | | Action: Provider Task Force, Voluntary Organisation Disability Group, and Learning Disability England to take this forward in March 2017 |
| Protecting Human Rights and upholding the law | All principles | <p>1. Make information about legal rights accessible to family carers via their Social Worker/Care Manager at key points e.g. before needs assessments take place. Links to Care Act (Section 2) duties and Children and Families Act duties to provide information.</p> <p>2. Lobby for the Department of Health to publish a consultation on guidance on restrictive practices for children and young people.</p> |
| | | Action: CB-NSG to engage with the Social Work representative of the Learning Disability Professional Senate about how best to achieve point (1). |
| | | Action: Get information about best practice frameworks to social workers to up-skill frontline staff. |
| | | Action: CB-NSG to contact the Law Commission to clarify what training is provided regarding learning disability |
| | | Action: CBF to draft template letter to DH regarding restrictive interventions (input from facilitators) |
| | | Action: Attendees of the CB-NSG could send the template letter asking for this to happen. |
| Making Sense Together – Hearing the voice of children, young people and adults with learning disabilities | 1: Human Rights | <p>1. Discussed how it was a priority to pull together existing communication guidance and use it as a mandate for inclusive communication and share among professionals. The group felt it was important to make sure the CQC were using the guide for inspectors to assess quality of communication in services.</p> <p>2. Raise awareness on the frontline of importance of interacting more and developing communication skills</p> |
| | 4: Person-Centred Planning | |
| | 7: Evidence based approaches | |
| 8: Support for Challenging Behaviour | Action: Della Money and Nick Gore to link with facilitators from communication workshop to co-ordinate this work | |
| | Action: Contact Royal College of Speech and Language Therapists to discuss how they are raising awareness on the frontline around communication | |

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| | 9: Best practice | |
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