

Lancashire Learning Disability Provider Forum

Cabinet Room C, County Hall, Preston, PR18XJ

12th September 2019 10am until 12:30pm

Attendees: Charlotte Hammond (Chair), Victoria Wilson, Julie Dockerty, Clare Matinson, Jen Lowe, Martin Henegan, Martin Layton, Alan Wilkinson, Katie Ryan, Gareth Edwards, Phil Padgett, Kevin Coogan, Kelly Brien, Nichola Buczynski, Ian Weedall, Richard Arbuary, Mark Day, Beverley Parkin, Dawn Astin, Joanne Karstens, Clare Bruce, Naseerah Jogee, Sue Pemberton, Peter Green, Paul Fairclough, Debbie O'Brien, John McBeth, Flora Mason, Jo Williams, Steve Field, Gethin Hawen, Sarah Robinson, Ian Scothern, Gary Cott, Dan Brown, Katie Barnes, Jo Adshead, Phillip Coen-Sawthery and Susie Loude.

Apologies: Ellen Smith, Katie Cringle, Leanne Harrison, Rebecca Hayes, Geraldine Condon and Christina Anthony.

1. Agreement of the minutes of previous meeting

The minutes from the previous meeting were reviewed and agreed as accurate.

Providers were reminded of the Health and Social Care -Care Service Provider Engagement Portal which can be accessed via <https://www.lancashire.gov.uk/practitioners/health-and-social-care/care-service-provider-engagement/learning-disability-provider-forum/> . The portal contains Minutes and Agendas for the forum, Dates of future meetings and new opportunities for providers.

If you have anything you would like to add to the portal or any issues with the link then please email Victoria.wilson@lancashire.gov.uk

2. Standing Item: Safeguarding - Clarification of what providers want from the Safeguarding team

As Safeguarding is such an important topic, providers felt that it should be a standing item on the agenda to ensure that there is always time aside to discuss updates, good practice and issues. Providers felt that these discussions would need representatives from the team to attend the meetings to take back suggestions and help providers.

It was recommended that colleagues would need to be informed of the specific issues and areas providers wanted to raise before the meeting in order to ensure the correct representative would be invited.

Some providers attend the Safeguarding Adults Board

<http://www.lancshiresafeguarding.org.uk/lancashire-safeguarding-adults/about-us/sub-groups.aspx> and have volunteered to take queries and suggestions to the board rather than replicating work.

Actions for Victoria to ensure a representative from the safeguarding team can attend the next meeting and explain the different opportunities there are for providers to get involved.

Providers generally felt that the stigma attached to safeguarding and mainly raising alerts is something which needs to change, some felt this is because of the language used by professionals. They also raised concerns about the interviewing process as it has been known to cause considerable amounts of distress for staff.

3. ISF Service user and Family/ Carer workshops

Clare Mattinson attended the meeting to update providers on the progress made with the Individual Service Funds proposals. She explained that all providers who currently support an individual with an ISF should have been contacted and invited to events to discuss how ISF's work in Lancashire, what's working, what's not and how we can work together to ensure Individual Service Funds are fit for purpose. We will also be looking into a new draft policy for ISF and developing supporting guidance.

So Clare asked provider to try to attend events and if not email over to her their experience, what works well and ideas for improvement. Her email address is Clare.Mattinson@lancashire.gov.uk

4. Reminder: Approved Provider List Questionnaire (APL)

Julie Dockerty provided an update on the Approved Provider List. There currently is a stakeholder engagement for providers and service users to fill out their views on key elements of the proposals. This has a deadline of the 20th September. There are events being facilitated by the REACT Team around the county to assist all service users including a short presentation to talk through the questionnaire.

A provider queried when the application process is scheduled to start?

Julie explained that this will be heavily dependent on the outcome of the engagement. As we will need to consider the feedback and this may require some amendments to documents then this will obviously put a delay to proceedings. Currently they are looking at the end of October for applications to start then the end of January for the contracts to start and the transition process.

Providers expressed their concerns regarding new schemes

Julie explained that the project teams has worked with Housing LIN to produce a needs assessment in order to look at requirements for accommodation and types of accommodation. Housing LIN have also shared their knowledge of developments providing national insight to inform our approaches.

5. Discussion:

Approaches to crises – The Community Infrastructure Development Group are looking at developing how we can support people through a crisis as a Multi-disciplinary Team.

Charlotte and Clare Bruce from UBU held discussions regarding what support is needed to help people through a crisis.

Identifying the need: What does a Crisis look like?

Providers started by describing several situations, which could be identified as a crisis:

- Service users (SU) upset and worker is unable to manage the situation
- SU experiencing bereavement
- SU experiencing financial difficulties/loss of tenancy
- SU deterioration of mental health
- SU safety issues
- Lack of emergency beds for SU's
- Lack of skilled staff
- Sudden change in SU needs
- SU demotivated
- Gaps between SU's support need and what support is available e.g. Medication instead of counselling.

- Health team carry out an intervention, but there are then no service to carry this work on an ongoing basis. The team is then at risk
- SU's needs mismatched to the accommodation
- SU unable to explain the issues so take it out on themselves and lead on to self-harm.

The main issues providers raised which can occur in or after a Crisis:

- Unable to obtain information e.g. blood tests. The best interests form needs to be developed
- Following on from a crisis the SU is vulnerable to going into the wrong groups in the community and being taken advantage of.
- Break down in relationships with families and providers, providers with social workers and nurses.
- Providers not being listened to and then by professionals and then are left unaware where to go next. This then means providers are left to deal with the crisis 24/7 with staff who need extra help.
- Staff being left to look for the quickest option rather than the best way to deal with issues.

Describing what is required: What supports need to be available/ Who may be able to support?

Providers described what support they think needs to be available to help in a crisis and hopefully prevent occurring.

- Joint working
 - Quarterly meetings with Providers, Social Worker, Psychologist.
 - Sharing ideas and good practice – no change seen for providers since Transforming Care
 - Similar to RADAR for Older adults service but a countywide group focusing on service users rather than the service.
- Better process to prioritise and triage. Suggestion of a team inside the safeguarding team to assess cases.
- Increase in staff from the LD team to focus on transition as it is a difficult time
- Toolkit needed how they can get help/ which group they can get involved with – even just a phone call for some advice prior to it becoming a bigger crisis
- Develop a list of service users who go into crisis regularly
- Develop a new pathway to log a safeguarding alert focusing on accessing support
- Introduce a Crisis setting with emergency beds for when prevention hasn't worked before being put onto an outreach programme
- *Good Practice* Manchester hold a group once a month to look through amber cases. The group includes Police, Health and Social work team, Housing representatives. The group is coordinated through the LD team and MASH some escalate to red others dealt with by them.

How will support be delivered?

Providers had already touched on how they would like support to be delivered. They then used this discussion to go into more detail.

- Outcomes following a CTR call and ensuring more responsibility for actions. Should then be a review in place. Refresh escalation policy would be beneficial.
- MDT need to have more open discussion and need to ensure providers are receiving responses at the evening and weekends.

- Require support with offending SU as it is a tricky area managing between health needs and social care needs
- AMBER group proposal
 - Providers were asked to think more about what skills and competence would the Multi-Disciplinary Team supporting in a crisis situation need

6. Any Other Business

- Providers were reminded of the Community Living Magazine which is a magazine which offers information about Learning Disabilities such as policy comment and up-to-date practice accessible to families, providers, brokers, advocacy organisations, social care and social work/health professionals.
You can subscribe via the following link <https://www.cl-initiatives.co.uk/>
- It is National Hate Crime Awareness week from the 12th to the 19th October and there are various events happening as Disability Equality North West which you can find out more from there website <http://disability-equality.org.uk/>

**Next Meeting: Thursday 14th November in Committee Room C, County Hall
Preston PR1 8XJ at 10am.**