00:05:41.380 --> 00:05:58.160
Seanna Lassetter
Welcome to everyone. He's just joined us. We are expecting, uh, maybe 200 on this call we've got about over 100 already, so we are going to start in just a moment, but it be helpful if you turn your cameras and your mikes off and we're going to start sharing this slides in just a moment. Thank you.

00:06:39.170 --> 00:07:09.090
Seanna Lassetter
Right, it's probably still going to make a start. There's going to be people joining us as the morning progresses, but we've got about all over 140 and the number is going up as I speak in the room already with Spec Ting over 200 this morning. So welcome. Welcome to the LPS conference. And if this is hosted by four of the regional networks today that I will be introducing you to and we're just so pleased that you're able to join us today. And I know it's really busy and.

00:07:09.390 --> 00:07:39.770
Seanna Lassetter
Always difficult to find this kind of time to invest in your own learning and developement, but we really hope that you will get a lot out of this morning. So without further or do can we move on to the next slide please? Shelley Shelley is going to be keeping us on track today and making sure that we cover everything that's on the agenda today. So my name seanna lassetter, I'm the Co chair of the West Midlands adult principle social workers network. So really please see to welcome you this morning we also have.

00:07:39.820 --> 00:07:48.050
Seanna Lassetter
Joining us in this first section, Nicola Hale, who's the Co chair of the West Midlands children principal Social Workers network.

00:07:48.640 --> 00:08:20.060
Seanna Lassetter
Meals they have. Andrea Andrea Grinnell here is going to be leading us through this morning and is also the chair of the West Midlands principal Occupational Therapist Network and also Christine Conway who is the West Midlands Regional. It's part of that Mental Capacity Act and dulls lead network which is really well represented this morning. So this conference is the four networks really coming together really recognizing the importance of this agenda.

00:08:20.300 --> 00:08:36.730
Seanna Lassetter
And this key piece of human rights legislation. That's really going to require us to work very collaboratively together support each other as we learn about the changes that we're going to need to implement in practice today. So, next, slide, please.

00:08:38.310 --> 00:09:03.930
Seanna Lassetter
So you will probably have seen the red dot is on, uh, we're pretty familiar with this way of doing a conference now, so we are being recorded. Everything you say will be taken down in evidence. Essentially, this is so that we can widen out the audience of this conference. We recognize that not everyone who's wanted to attend today has been able to, so there will be a link so that every you know there's that wider audience.

00:09:04.510 --> 00:09:06.780
Seanna Lassetter
I'm available availability.

00:09:07.520 --> 00:09:19.230
Seanna Lassetter
And a reminder there, and we're pretty used to the etiquette now, but we will be asking you to switch off your microphone and your video. We don't want to crash out this morning with so many people on the call.

00:09:19.280 --> 00:09:46.220
Seanna Lassetter
All the chat function is there. Hopefully everyone is familiar with the chat bubble now in Ms teams, so any questions that spring to mind as we go through the presentations this morning and we have our Karen Nixon, one of the adult principle social workers and Tamsin Ward House one of the adult principle social workers and also Lorraine Currie who will be introduced later who will be keeping an eye on that chat putting in some.

00:09:46.280 --> 00:09:57.380
Seanna Lassetter
Uh, you know responses as they can in the chat, but also taking those questions through to speakers as well as we have some time for Q&A as the morning progresses.

00:09:58.420 --> 00:10:18.340
Seanna Lassetter
So just say that you're all aware that as an attendee on this meeting you we will have your email address, but we won't be holding onto your data. This will enable us to keep in contact with you, send you the link, send you the slides and also we will be asking you to evaluate do an evaluation at the end of this morning.

00:10:19.140 --> 00:10:25.770
Seanna Lassetter
We won't share your data, so this is obviously, you know, sort of covering us, making sure that you know what what you're part of this morning.

00:10:27.030 --> 00:10:57.610
Seanna Lassetter
And also there will be a break in the middle. We all need to stretch our legs. Don't we get a lot of screen time at the moment so you can either kind of leave and rejoin or just make sure obviously that your video and your audio is off. So pretty kind of general stuff that we used to now, isn't it? Or having conferences in this virtual way, great. So next slide. Just the brief reminder of today's agenda. I'm not going to read it out because you should all have a copy of this, but we are delighted to have our keynote speakers.

00:10:57.660 --> 00:11:08.190
Seanna Lassetter
Today, we're really lucky to have them join us, and we've got some excellent local practice leads. He will gonna be really applying this key piece of legislation to practice.

00:11:09.250 --> 00:11:30.260
Seanna Lassetter
Next slide we do have a Twitter. I'm not a tweeter myself so I can't tell you how to do it, but I know many of you are you on the call are so that is our hashtag for today. So please do feel free to use that form of social media. It's a really great way of raising the profile of the networks and what we're doing today.

00:11:31.130 --> 00:11:32.540
Seanna Lassetter
Great next slide.

00:11:33.860 --> 00:12:03.590
Seanna Lassetter
So in terms of introduction and just for those of you on the call who might not be aware, pretty much all of the 14 local authorities within the Midlands now have a principal social worker for adults and a principal social worker for children so much only have one that covers both and it's really important as principal social worker myself that we have that regional network where we can support each other, learn from each other and rifle with some key.

00:12:03.650 --> 00:12:04.880
Seanna Lassetter
Agendas together.

00:12:05.890 --> 00:12:22.740
Seanna Lassetter
It was as the recommendation of the Monroe with you in 2011 for a principle child and family social worker to be a Pete PSW, so that's kind of where the rolled kind of started in 2011.

00:12:23.800 --> 00:12:43.530
Seanna Lassetter
The Care Act 2014 and has actually put it in the statutory guidance that PSW needs to be in place and that person needs to be a qualified and registered social worker to be a practice lead. So we've got some key clear national guidance and national legislation reinforcing the role.

00:12:44.830 --> 00:13:17.550
Seanna Lassetter
OK, so there's a statement there which is taken from the satchel carrots statutory guidance that PSW should lead and oversee excellent social work practice and support and develop arrangements for excellent practice. There's there's some very key roles and responsibilities aligned to the PSW, so our regional networks are really well established. A really well attended and meet by BI monthly, so it but yeah, they're they're really strong networks and I'm going to hand over to Andrea now.

00:13:17.990 --> 00:13:23.440
Seanna Lassetter
He will pop on the screen and and talk to you about the principle 80 network.

00:13:23.800 --> 00:13:42.150
Andrea Gronow
Good morning everybody and welcome and my name is Andrew Grando and I'm here to represent the principle 80 network for the West Midlands are network worst developed around about six years ago now and it's constantly growing and developing and I'm really proud to represent the group as the chair.

00:13:43.190 --> 00:14:12.090
Andrea Gronow
There are several principal occupational therapist roles within the West Midlands and the role is used very differently at present and we all carry out different roles within our authoritie's and I'm really pleased that the Royal College of Occupational Therapist has issued guidance issue about the the role of the Principality and the importance of that role in social care and and that's just being published. So that's really exciting.

00:14:12.950 --> 00:14:33.320
Andrea Gronow
Ah, great, what's really closely together and we looking at leadership and the recognition for OT leadership, sharing our vision and working in line with our principal social work colleagues to embed best practice and a really strong regional approach. So welcome everybody and enjoy today.

00:14:35.920 --> 00:14:43.620
Seanna Lassetter
Great, thanks Angie. And over T Christine. Now he's going to talk to you about the MC adults leads network. Morning, Christine.

00:14:43.760 --> 00:14:45.050
Christine Conway (Adult Safeguarding)
Morning everybody.

00:14:46.210 --> 00:15:17.660
Christine Conway (Adult Safeguarding)
Basically we've West Midlands dolls leads group has been. We developed quite some time ago, obviously to meet the needs of dolls, it's developed organically. It's it's increased in its membership and also while we've been meeting the external challenges, learning from case laws, case law on benchmarking, good practice. We've also used the networks so we could have mutual audits standardize our criteria.

00:15:17.960 --> 00:15:33.950
Christine Conway (Adult Safeguarding)
And make sure that we CPD requirements or the West Midlands were the same. Throughout we meet bimonthly and it's chaired by Lorraine Currie and includes representatives for all from all of the regional local authorities.

00:15:34.610 --> 00:15:49.170
Christine Conway (Adult Safeguarding)
It's supportive and collaborative group, and we have now welcoming the LPS project leads and representatives from adults and children services to explore the potential opportunities and challenges of LPS.

00:15:49.820 --> 00:16:01.160
Christine Conway (Adult Safeguarding)
And we welcome this conference today because I think this is a starting point for a lot of people to look at LPS in a bit more detail, really. So welcome everybody, and I hope you enjoy the day.

00:16:02.200 --> 00:16:09.170
Seanna Lassetter
Brilliant thanks Christine and I just for for me invite Hillary to speaker. Just wanted to invite Nicola to say hello.

00:16:10.360 --> 00:16:11.200
Seanna Lassetter
Nicola Hale

00:16:13.720 --> 00:16:13.930
Nicola Hale (Childrens and Young People Safeguarding and Review)
Hi.

00:16:13.980 --> 00:16:25.950
Nicola Hale (Childrens and Young People Safeguarding and Review)
My morning everyone thank Sian I I'm I'm Nicola Hale. I'm the principal social worker at Dudley Children Services and I'm the Co chair of the principal social work network. So morning everybody.

00:16:26.630 --> 00:16:45.990
Seanna Lassetter
brilliant and you'll be hearing from Nicola later. So thank you. So that's the four networks that we've introduced to you today. But we have some excellent speakers today and I'm going to hand over to Andrea, who's going to be leading us through this morning and keeping us to time. And who will introduce our next speaker? Thank you everybody.

00:16:47.590 --> 00:16:53.730
Andrea Gronow
Fantasien at night. It's it's a great pride that I'd like to welcome Hillary our first keynote speaker.

00:16:54.220 --> 00:16:57.070
Andrea Gronow
Uh, so over to Hillary. Thank you.

00:17:06.750 --> 00:17:08.360
Andrea Gronow
Hey, I think you're on mute.

00:17:08.630 --> 00:17:39.050
Hilary Paxton
Yes, first lesson if I'm speaking. Sorry everybody. UM yes, so I was just going to say I believe Shelley is going to press the buttons to move the slides on. So if they don't move on, it's probably because I've not made it obvious. But I need it too. So be patient with us. And so I'm I'm the programme lead for the local government and regional implementation support programme. And it's been the the the bids have gone in from ADASS originally and then LGA an ADC S joined us.

00:17:39.340 --> 00:17:47.950
Hilary Paxton
To come to ensure that we had children on a par with adults in terms of supporting the implementation. So next slide please.

00:17:48.920 --> 00:17:56.630
Hilary Paxton
I'm going to start with a really quick recap of, UM, the LPS, UM, so next slide, please.

00:17:57.730 --> 00:18:27.340
Hilary Paxton
And so I'm assuming that most people have heard about it and know broadly about it, but it was just so that we're all on the same level playing field when we're talking about it today, and people will be aware that the LPS, the Liberty Protection safeguards will be part of the Mental Capacity Act and the Mental Capacity Act governs when anybody over 16 and can't make a decision because they don't understand what the decision is. We need to make or they have difficulty understanding the required information.

00:18:27.720 --> 00:18:58.450
Hilary Paxton
I'm or they can't retain that information and weigh it up and they can't communicate the decision that's described as lacking capacity and there are five strategy principles of the MCA and assessment of mental capacity relates to a particular decision at that particular time and and there are three questions that we know are going to be included in the new code of Practice, which has a slightly different approach to how it was framed in the old code, but they're looking at is the person unable to make the decision?

00:18:59.790 --> 00:19:31.000
Hilary Paxton
Is there an impairment or a disturbance in the functioning of the persons mind or brain? And is the inability to make the decision because of that impairment or disturbance of the mind or the brain? So it's about the linkage between the difficulty many people might have difficulty making a decision, but it might not be linked to their mental capacity and it wouldn't be covered by this legislation. So I'm thinking for example, if you have somebody who is extremely stressed, for example in a domestic abuse situation.

00:19:31.200 --> 00:20:02.930
Hilary Paxton
Might be because of coercion and control. They may not be able to make decisions because of the state that they're in, but it's not necessarily because of a mental impairment or disturbance. And under LPS and dulls, uhm, there's also a requirement that there's a mental disorder underlying that, so it's not just like being intoxicated for a a 24 hour period or something like that. So under Dalton LPS, there needs to be an underlying mental disorder as well. So I'll come back to that.

00:20:02.990 --> 00:20:04.860
Hilary Paxton
Bit later next slide please.

00:20:06.200 --> 00:20:36.170
Hilary Paxton
So the Liberty protection safeguards is about safeguarding the rights of people aged 16 and above. But it's the particular right to liberty, which is Article 5 in the European Convention on Human Rights, and sometimes a person who lacks capacity to decide about their care and treatment needs to live somewhere and be under continuous supervision and control so that they can have their care and treatment, and that can take away their liberty. So the Liberty protection safeguards gives the rules.

00:20:36.430 --> 00:21:07.940
Hilary Paxton
That will safeguard the Article 5 rights of a person if they do need to be deprived of their liberty because of their mental capacity issues and the authority the authorization. I'm sorry cannot be given for other things under the Liberty protection safeguards, so restriction of family contact, for example, would be part of the Mental Capacity Act decision making, but not part of the Liberty Protection safeguards bit of the Mental Capacity Act. So it's just about being clear that LPS authorizations are only about liberty.

00:21:08.200 --> 00:21:18.770
Hilary Paxton
But they may form part of a bigger set of arrangements that are dealt with as part of care, planning and and covered by the Mental Capacity Act. Next slide, please.

00:21:21.860 --> 00:21:50.160
Hilary Paxton
So the legislation sets out a number of possible responsible bodies, and they're in a very clear hierarchy. UM, in the legislation. So this order is relevant to come to to to who takes on the responsibility responsible body roll. So if somebody is mainly from having their arrangements in an NHS hospital, they NHS in England, the NHS Trust is known as the hospital manager in Wales.

00:21:50.420 --> 00:22:21.390
Hilary Paxton
The local health board and so the NHS Trust would be the responsible body for the hospitals it runs. And if somebody is in an independent hospital, it's the local authority and and there would be discussions about whether it's the local authority where the hospital is placed, or whether there is a local authority that retains responsibility for the arrangements for care and treatment, in which case it would be the placing a local authority and that is likely to vary between adults and children a little bit, I think.

00:22:21.870 --> 00:22:53.180
Hilary Paxton
I'm and then if somebody is in arrangements that are mainly continuing healthcare funded so they're eligible for continuing healthcare, which means that their package of care would be fully funded, but they may have certain other services that are not paid for through that package, so they may have a deputyship, or they may have acute hospital inpatient services as well, but mainly they're services fall under their continuing healthcare funding. Then it would be the CCG or under the new arrangements that are coming in.

00:22:53.230 --> 00:23:02.780
Hilary Paxton
The ICS that is responsible for the continuing healthcare when that comes in and then for all other situations, and it would be the local authority.

00:23:03.880 --> 00:23:19.440
Hilary Paxton
Next slide please. So from the moment that UM, it's recognized that a person may need to have authorization of a deprivation of liberty, they have the right to representation and support, so that could be from a family member or a friend.

00:23:19.780 --> 00:23:49.740
Hilary Paxton
A man who would be, if they're suitable, would be referred to as an appropriate person and and they can support the person and represent them. If there isn't anybody suitable to be inappropriate person and and that includes if the person themselves at the center isn't happy for that particular person to be an appropriate person. If if that's that's the responsible body, believes there's not anybody suitable, then they will come take all reasonable steps to point in.

00:23:49.790 --> 00:24:20.400
Hilary Paxton
IMCA I'm to support the person, so that's an independent mental capacity advocate, and that will include for 16 and 17 year olds as well As for adults. So inkers currently may get involved with 16 and 17 year olds up for serious medical treatment decisions and change of accommodation under the Mental Capacity Act. But it's uhm. They also would have access to children and children advocates, so we need to make sure that there's an understanding.

00:24:20.460 --> 00:24:50.650
Hilary Paxton
Of both frameworks for that particular group of people. And it's also possible for the appropriate person to request the support from and incur, so that helps them to do their role in terms of supporting the person if they wish to challenge the authorization or anything and income support the appropriate person at the local authority must ensure that there are enough incurs for all the responsible bodies in an area to instruct, so that is a duty for the local authority.

00:24:50.710 --> 00:24:51.590
Hilary Paxton
That is not the same.

00:24:52.880 --> 00:25:11.790
Hilary Paxton
For the other responsible bodies, the NHS responsible bodies and their duty is to take all reasonable steps to appointing him care. So if there isn't an M car available that could cause a difficulty, UM, and they need to be working with their local authority colleagues to make sure they understand how many are required.

00:25:12.510 --> 00:25:20.520
Hilary Paxton
And that includes for implementation thinking through how many were going to need in terms of the commissioning. So thank you. Next slide please.

00:25:21.410 --> 00:25:43.800
Hilary Paxton
So the there are three assessments that are required and the first is that there needs to be an assessment to determine if the person lacks capacity in relation to their care and treatment. The second is there needs to be a medical assessment to determine if the person has a mental disorder. Now these two assessments, if there is a recent one that's that's not.

00:25:44.860 --> 00:26:15.270
Hilary Paxton
Still applies, and it still believed to be valid and can be relied on. Then you can use one that has previously been done so, particularly for medical assessments, if a GP has a diagnosis of a medical disorder on the patients records, there's no need for them to go and have a reassessment of that mental disorder, unless it's one that might have improved if there's. If there's a a mental disorder that's still valid, then that can be the evidence can be provided for that, and the third type of assessment.

00:26:15.330 --> 00:26:45.990
Hilary Paxton
Is that staff need to really think about how much freedom they take away from somebody, and if they really need to do that, so that's looking at is it necessary to deprive the person of their liberty? And are the arrangements that we're looking at proportionate to that that necessity? So that's really thinking about the the restrictive nature of the arrangements that are being put in place. That assessment cannot be reused.

00:26:46.050 --> 00:26:55.020
Hilary Paxton
On other when you're authorizing a deprivation of liberty on different occasions, there needs to be one that looks at the specific arrangements. On this occasion, every time.

00:26:56.160 --> 00:27:08.940
Hilary Paxton
Uh, they if you're doing a renewal of an existing deprivation, and it's a continuation of the same deprivation of liberty authorization. We don't have to redo all the authorized or all the assessments, but if it's a new.

00:27:09.260 --> 00:27:36.020
Hilary Paxton
Uh, scenario in new episodes then that would need to be done a fresh so the expectation is that the LPS assessment should be part of mainstream assessment in care planning for the person, and and staff should make sure that the care and treatment that requires the deprivation of liberty is right for the person. So that's the care and treatment that they're enabled to access through this deprivation of liberty. OK, next slide, please.

00:27:37.570 --> 00:28:08.120
Hilary Paxton
So as well as the assessments and determination staff must consult the person and their family and others and these are listed in the legislation and that includes people that the person may name and say. I want you to consult Fred because Fred knows me very well. Sometimes better than my mum and dad, so you need to consult them and the purpose of the consultation is about trying to establish their wishes and feelings of the person, not the wishes and feelings of the person that's being consulted, although that's likely to be expressed.

00:28:08.180 --> 00:28:14.740
Hilary Paxton
Staff need to be able to distinguish between the two and and and understand that OK. Next slide please.

00:28:15.710 --> 00:28:20.020
Hilary Paxton
So once all of the assessments, their consultation, and the.

00:28:20.080 --> 00:28:20.470
Hilary Paxton
Uhm?

00:28:21.100 --> 00:28:51.070
Hilary Paxton
Uh, plans of her a complete, then they need to be looked at as part of a pre authorization review and it's the expectation is that if the person hasn't objected hasn't said they're unhappy with the situation and it's all sort of continuing as as planned, the pre authorization review can be done by a member of staff. That's not a specialist, so the responsible body can.

00:28:51.130 --> 00:29:23.580
Hilary Paxton
Decide who will do their pre authorization reviews as a as a rule, but if the person does not wish to reside in the place or receive care and treatment in the place or if the person is in an independent hospital or if the responsible body thinks there's another reason why they'd like a specialist to look at it, then they would use the new specialist role to do the pre authorization review. So that's the approved mental capacity professional and they are expected initially to come from the pool of people.

00:29:23.630 --> 00:29:27.100
Hilary Paxton
You have been be iOS under the dull skin.

00:29:27.940 --> 00:29:28.480
Hilary Paxton
And.

00:29:29.870 --> 00:29:42.020
Hilary Paxton
There will be money that come who haven't been Bia's and there will be training that will be provided and overseen by social work England for that. So the MCP is expected to do.

00:29:42.070 --> 00:30:13.700
Hilary Paxton
Do a review of the case, not necessarily well, not indeed, to do the initial assessments and determinations, so those would be done as part of mainstream social work, occupational therapy, nursing and and then the specialist or the pre authorization reviewer who's not a specialist would review all the paperwork and make a recommendation to the responsible body and the recommendation that's made it slightly different depending whether you're in MCP or not. The MCP tells the responsible body whether the conditions are met.

00:30:14.050 --> 00:30:44.070
Hilary Paxton
Uhm, whereas another person doing the pre authorization review would say it's reasonable to believe that the authorization conditions are met, that is, that they're they lack capacity. They have a mental disorder and the arrangements are necessary and proportionate. They would also be checking that there's no reason for this to be excluded from LPS because it's meeting the requirements of mental health facts and that they would check the age of the person that they're over 16 and so on, and that the arrangement.

00:30:44.120 --> 00:31:00.230
Hilary Paxton
Do amount to a deprivation of liberty. So in terms of the MCP, roll the local authority has the duty to approve all MCPS, regardless if they're employed by in the area, so that's a bit like an AMP approval under the Mental Health Act. Next slide, please.

00:31:01.490 --> 00:31:14.310
Hilary Paxton
So once the pre authorization review is has taken place and the recommendations made by the uh to the responsible body, the responsible body signs it off and authorizes it and then that authorization.

00:31:14.600 --> 00:31:37.480
Hilary Paxton
I'm lasts for as long as the period that's been authorized, so that's the recap of the process. There's just one other little bit, which is in an emergency or while people are waiting for a decision from the responsible body or the Court of Protection. If there's a decision going through the courts, then there are sometimes a requirement requirements to deprive somebody their liberty.

00:31:37.940 --> 00:32:10.340
Hilary Paxton
Uh, if somebody lacks the capacity to consent, but steps are necessary to deliver life sustaining treatment or to carry out vital acts, and so these are possibly if you have somebody who's living at home with his wife and his wife is the main carer and the carer ends up having an accident or heart attack and having to get hospital. It may need the person who's being cared for to have some to move into a care home for a for a temporary stay for example, but there may not be time to apply for a deprivation of liberty.

00:32:10.390 --> 00:32:16.180
Hilary Paxton
Or to get the decision for that, that's OK. It's covered by this element of the legislation.

00:32:16.710 --> 00:32:47.180
Hilary Paxton
Uh, so vital act is about an act that will prevent serious deterioration in the person and life sustaining treatment is as it suggests, to sustain. Somebody is life, so it's not just hospital situations. It can happen in the community as well, and there's no process in the case of life sustaining treatment or a vital act is authorized, but the expectation is that as soon as you know that you you still need the deprivation of liberty, you must apply for an authorization.

00:32:47.420 --> 00:32:48.350
Hilary Paxton
Under the LPS.

00:32:49.100 --> 00:32:55.150
Hilary Paxton
OK, so that was a whistle stop tour through the process, just in case anybody hadn't.

00:32:56.540 --> 00:33:04.760
Hilary Paxton
But been familiar with that and in terms of the timeline timeline being plantation, what I've done here is I've shared a slide that is actually.

00:33:05.110 --> 00:33:34.960
Hilary Paxton
I am no longer up to date, so I apologize for this, but it's not of my making, so this gives you an idea of the order of events that still has to happen before it goes live. The red box suggests April 2022 because that is still the published date and we've not had an update on that. As of yesterday. I haven't checked my emails today on this, but I don't believe I've had any emails on this, and so the expectation is that we're waiting for for to hear whether the government might change.

00:33:35.010 --> 00:34:06.000
Hilary Paxton
The date and we're believing that April 22 is increasingly not possible to deliver. So we're saying that this is not up to date because most of the milestones on this diagram have not yet happened. So when this diagram was produced, it was expected that the public consultation on the Code of Practice and the regulations would have happened in spring or summer of the year. We're we're coming to the end of, and that following that consultation and any revision of those they need to be laid before Parliament for 40 days, that's in legislation.

00:34:06.060 --> 00:34:37.450
Hilary Paxton
So that has to happen, so the expectation is that the consultation period is is 12 weeks. Then there would be a period of revision which would probably be a couple of months if not longer. Then they would need to be laid before Parliament for 40 days, which is you know over a month. So we're already talking about 6:00 to 7-8 months between the launch of the public consultation and and then there would be the publication of the Code of Practice and the regulations. The expectation is that the.

00:34:37.510 --> 00:34:48.470
Hilary Paxton
I MCP regulations would come into force prior to go live so that there are people approved in that role ready for the first day of running the new scheme so that they can.

00:34:48.880 --> 00:35:20.210
Hilary Paxton
I'll do the pre authorization reviews of those required cases and then the legislation would go live. So at the moment the organizations that are representing directors of adult social services and children, social services and the Local Government Association have written to the government. In November they've written actually to the Director General of DHSC to ask for a public statement, because, UM, the silence on exactly weather, April 2022.

00:35:20.260 --> 00:35:44.410
Hilary Paxton
Is happening or not makes it very difficult for you and your colleagues to plan as well As for the NHS to plan and so we've asked for an official statement on whether April 2022 is going ahead, and if not, what the time frame might be. And so that's just to let you know that the organizations I work for our actually pushing for an update on this next slide please.

00:35:48.480 --> 00:36:05.110
Hilary Paxton
OK, so I've put soon the public consultation as I've mentioned will be on the code of practice and the regulations. That's a requirement and they will be accompanied by an updated impact assessment. The existing impact assessment that was published in January 21 was UM.

00:36:06.380 --> 00:36:36.360
Hilary Paxton
About the act as it was when it got royal assent, and there have been some changes made since then, and so the impact assessment that is published doesn't take account of those changes. And it doesn't take account of the details that have been worked up as part of the Code of Practice and the regulations. So there needs to be a new impact assessment that does take account of those changes. And that's the version that will be published as part of the public consultation. They're also going to publish other national products for comment.

00:36:36.730 --> 00:37:05.960
Hilary Paxton
And they're not required to, but they're choosing to and, and those include a workforce strategy and a training framework which will talk about the learning outcomes required for the various roles in the process and national minimum data set for reporting that will replace the dolls collection that we currently report, and some template forms. But those will not be mandated for use. They will be offered as a standard for people to use and Taylor to their own requirements.

00:37:06.660 --> 00:37:07.490
Hilary Paxton
Next slide, please.

00:37:08.760 --> 00:37:39.750
Hilary Paxton
So the new code of Practice is going to be combined, so at the moment we have MC a code of practice which was published first because the MCA came in a few years before dolls and then we had a dolls code of practice and what they've done is they've put them together into a single code and there will be some chapters that are about the MCA outside LPS. Some chapters that are about LPS specifically, and some chapters that relate to both. So for example, there's a 16 and 17 year old chapter. I believe that's got information about specifics.

00:37:39.800 --> 00:37:49.630
Hilary Paxton
For young people come and there will be guidance on the definition of what is a deprivation of liberty. Included in that code and and.

00:37:50.780 --> 00:38:20.840
Hilary Paxton
That has, that's something that's long awaited because as the bill was going through Parliament, there was a lot of debate about including a definition in the legislation itself, and that quite a late moment. And it was decided not to include a definition at all, and that guidance would be provided on that in the code from another change that's been made since the UM Act got Royal assent. Was that the original proposal for the care home manager to take a role in terms of coordinating the assessments and so on?

00:38:21.030 --> 00:38:30.820
Hilary Paxton
Is not to be implemented now. Some of you will have heard about those decided about a year ago now, so that will no longer be there. OK, next slide please.

00:38:31.680 --> 00:39:02.030
Hilary Paxton
It's going to be 6 regulations draft regulations as part of the public consultation. One on M cars, one on a MCPS, one about transitional arrangements from dolls to LPS, one about assessments and determinations. Who needs to do them? And so on. One on monitoring and reporting, which is the role of CQC and Ofsted. So when they talk about monitoring it is done by people who currently do the inspections for the regulatory frameworks, and there's a broad agreement.

00:39:02.080 --> 00:39:02.950
Hilary Paxton
That I am.

00:39:03.750 --> 00:39:35.050
Hilary Paxton
Oh, though there will be a published annual report, so a bit like the state of care currently has a dull's annual to. There will be some reports on LPS for both 1617 year olds and for adults and that Ofsted will lead on the chapter or the section for under eighteens and CQC will lead on the chapter for over 18's. There's a recognition that there may be some over eighteens in some of the education establishments that may be inspected by Ofsted.

00:39:35.380 --> 00:39:48.630
Hilary Paxton
And there may be some under 18's in hospitals that are inspected by CQC, but there's a sort of reciprocal arrangements, so they will support each other with the information about that and and there's regulations about that role.

00:39:49.330 --> 00:39:50.720
Hilary Paxton
And this also will include.

00:39:52.220 --> 00:40:05.350
Hilary Paxton
Uh, instructions for responsible bodies to provide information to the monitoring bodies. Because under dolls provider, regulated providers provide information to CQC.

00:40:05.400 --> 00:40:35.410
Hilary Paxton
Be about goals, authorizations, and applications that they've made. Because LPS includes the possibility of it being in any setting and more than one setting in the same authorization and regulated provider main register provider may not know about the details in another provider, so the expectation is that the responsible body will feed that information in to the monitoring bodies rather than the providers. And then the last set of regulations is about consequential regulations.

00:40:35.460 --> 00:40:39.510
Hilary Paxton
Updating other pieces of legislation and so on. Next slide, please.

00:40:40.830 --> 00:41:10.220
Hilary Paxton
So it's alongside the the consultation that Department of Health and Social Care are going to launch social work. England is also going to launch consultation on the MCP training that they're going to oversee, and that's for non Bia's. I'll come back to the BIA conversion course, which is is being developed as well, so social work England have been waiting for the government to launch their public consultation so that they don't come, you know, publish in advance of that.

00:41:10.320 --> 00:41:39.730
Hilary Paxton
And then they will be launching. There's so they're working with other professional regulators, including MC an HTPC working with this actor. They've got their tools ready to go for their consultation, and they're developing the requirements for university level higher education institutions to develop to deliver the MCP training, and they will accredit and quality assure the training courses and also the annual refresher courses that are offered once LPS comes in.

00:41:41.580 --> 00:41:43.520
Hilary Paxton
OK, next slide please.

00:41:45.910 --> 00:42:16.140
Hilary Paxton
So the workforce strategy is in two parts. There's a part about planning the workforce and that will include whether you might have joint teams across the local authority children and adults, or whether you might also have joint teams with hospitals and CCG's, or the ICS is and and thinking about what your organizational structures would be, so that would include the the people who do the pre authorization reviews, but it may also include how you manage your AMC E work, whether you have.

00:42:16.190 --> 00:42:20.710
Hilary Paxton
Rotors or they have people working full time as IM CPS and so on.

00:42:21.020 --> 00:42:26.050
Hilary Paxton
Uh, and Part 2 is about the learning and development and training planning.

00:42:27.450 --> 00:42:28.640
Hilary Paxton
Next slide, please.

00:42:29.610 --> 00:42:52.140
Hilary Paxton
So this workforce and training triangle. Some of you may have seen before. This is a a method of putting the people he'll be involved in the process into competency groups so that you can think about both planning the workforce for those roles and also thinking about the learning outcomes required for each of those people in those competency groups. Next slide, please.

00:42:53.550 --> 00:43:09.670
Hilary Paxton
So the training framework uses that triangle and then for each competency group they're looking at learning outcomes under the headings of human rights as a basis for liberty protection safeguards concepts of the Mental Capacity Act and liberty protection safeguards process.

00:43:10.510 --> 00:43:38.320
Hilary Paxton
The definition of a deprivation of liberty and also anything specific for young people. So all of the learning outcomes in subjects one to four apply TM people as well. It's just about whether there's anything specific that needs to be considered for 16 and 17 year olds. And there's also a separate annex which is, uh, understanding the differences from the DOL scheme, but it's separated out because once we get going we we won't expect to be looking back to dolls, but it'll help for a fixed period to understand the differences.

00:43:39.330 --> 00:43:40.650
Hilary Paxton
OK, next slide please.

00:43:41.610 --> 00:44:11.910
Hilary Paxton
So there's a set of 19 draft questions for use in annual published reporting, and that's supported by a national minimum data set of 31. Date are items and and they've mentioned already that responsible bodies or will report the information. At the moment there is the supervisory body, which is the local authority. Adult services reports that information for dolls and and they reported into NHS Digital. The expectation is that it will probably be more often than annual and.

00:44:11.970 --> 00:44:27.810
Hilary Paxton
Some we're anticipating that the government will consider as part of the consultation, how often that should happen. It might be every six months, or it might be every quarter, but that that information will also be forwarded to CQC and Ofsted, to inform their inspection activity as part of their monitoring work.

00:44:28.980 --> 00:44:29.890
Hilary Paxton
So some of them.

00:44:39.290 --> 00:44:40.530
Mark Godfrey
Hillary got on mute.

00:44:40.900 --> 00:44:42.490
Hilary Paxton
Sorry, how much did you miss?

00:44:44.470 --> 00:44:45.790
Hilary Paxton
Was it 1 slide or more?

00:44:45.080 --> 00:44:46.780
Mark Godfrey
About a minute, no more minute.

00:44:47.520 --> 00:44:50.410
Hilary Paxton
Where we on the reporting requirements or the previous slide.

00:44:50.110 --> 00:44:52.630
Mark Godfrey
We were we were. Yeah we were on the reporting requirements.

00:44:52.670 --> 00:44:54.750
Hilary Paxton
OK, sorry I didn't know what happened. I didn't touch anything.

00:44:56.090 --> 00:45:25.670
Hilary Paxton
So I'm just I was just saying you can see on the slide there that the data items I'll come on Thursday Tritons in brief. Some of them are to monitor the same information as we monitor under dolls. Some of it to monitor new policy and monetary qualities. Just in case you missed it. I was saying that the the government is likely to consult on how frequently that should be. It's likely to be more frequently than currently, so maybe six monthly or maybe quarterly, but that the data we submit as responsible bodies.

00:45:25.730 --> 00:45:36.700
Hilary Paxton
Will be pasta and it just digital, but also to CQC and Ofsted to inform their monitoring activity and so that's that's that's slide next the next slide please.

00:45:38.030 --> 00:45:47.440
Hilary Paxton
So you can't really see this in detail because it's small, but I'm assuming that this is going to be shared with everybody. Is that correct? Can somebody confirm that?

00:45:50.420 --> 00:45:51.120
Seanna Lassetter
Yes it is.

00:45:51.450 --> 00:45:51.920
Mark Godfrey
Yes.

00:45:51.580 --> 00:46:20.050
Hilary Paxton
Thank you so I think when you get this on an A4 sheet you will be able to read it and and so it was just to make sure you've got the provision of the range of information that we're expecting to report. So these are the 19 questions and and they range to they range from the you know the numbers of applications in the year and things or in the reporting period and so on through to information about imprisoned appropriate persons and looking at whether the information is circulated to the people within.

00:46:20.250 --> 00:46:42.900
Hilary Paxton
72 hours of an authorization decision and so on. So if you move on to the next slide, please again. This is too small to read, but I've included it so that you can read it afterwards. These are the data items that are required to answer the 19 questions and and these will form the basis of any IT systems development and so on. And there's some.

00:46:43.730 --> 00:47:13.780
Hilary Paxton
Only one recent change that's happened since I handed this back, I was leading the work on the data in the workforce and until the spring and I handed this information or back to government end of May beginning of June and the only change was around the demographic information where they've decided to include both effects assigned at birth and gender identity and separated those out so that it lines up with the.

00:47:13.830 --> 00:47:27.860
Hilary Paxton
Census requirements and other data collections and we had previously just had gender and so that could that had made one slight change, but apart from that it's identical to the ones that people have been working on and the working group next slide, please.

00:47:29.770 --> 00:47:59.480
Hilary Paxton
So I mentioned earlier that there were some draft template forms. Your West Midlands colleague Lorraine had worked with me on this as well as people from other parts of the country. And so there are seven templates but these are not mandated. So these these will be published in the consultation, but they're offered for people to think through. What information might you need to pass to other agencies or other individuals at sort of certain decision points and the expectation is that.

00:47:59.700 --> 00:48:13.540
Hilary Paxton
Within your organization, most of the information would be recorded on your computer system, but there may be formats that you need to share with other people and and so these are the sort of hopefully the the the minimum number of forms that will be required.

00:48:13.940 --> 00:48:19.590
Hilary Paxton
I am and you know the the consultation will feedback and tell us whether we've got that right or not.

00:48:20.110 --> 00:48:22.950
Hilary Paxton
I'm OK next slide please.

00:48:23.910 --> 00:48:54.060
Hilary Paxton
So the local government implementation support programme, which is where what I'm responsible for now is in four parts. So there's the we were asked by DHSC to oversee the development of materials for the conversion. Training for anybody who's a BIA at the moment, who wishes to become an MCP. So that was put out to tender. And again, Lorraine, who works part time as an independent consultant, was one of the people who prefer proposal in for that and was successful along with colleague Neil Alan.

00:48:54.120 --> 00:49:03.400
Hilary Paxton
From 39 Essex, so they are doing the work on that under a tender and overseen by the LGA. UM, and they are awaiting.

00:49:03.630 --> 00:49:34.520
Hilary Paxton
Uh, published version of the code before they can finalize the content and because you know they they've been given it some information by government under privileged access, but not all of it. And and so we we're waiting for and neither has the LGA, so we're waiting for certain information to be able to complete that work, but the expectation is that councils will provide the conversion trading, so that means that any Bia's who currently work for the NHS or who work for agencies

00:49:34.570 --> 00:50:04.900
Hilary Paxton
I am in the independent sector or some who worked for themselves as totally independent BIA. They will all need to make themselves known to the Council and where they tend to work so that they can access that conversion training. And each Council will need to think about how they're going to deliver that, and so that's the first part of our support program. Parts two and three. You may have heard of, which is funding to employ a regional coordinator, one for adults, which is the Part 2 and one for children.

00:50:04.960 --> 00:50:36.090
Hilary Paxton
So the idea is that each of the nine local government regions will have a coordinator to support the Councils in their patch with implementation, they'll do sort of stock tapes and support self assessment tools and as well as helping with predictive planning and running networks and events like this, and we haven't yet had, although we've had the funding for the part one and for the sort of program management and the cost sector work, which is part four, we haven't yet had the funding released for Part 2 and three.

00:50:36.390 --> 00:51:06.530
Hilary Paxton
Why none of the regions apart from West Midlands have been able to appoint anybody West Midlands have actually been able to 2nd Lorraine for a fixed period into a regional role, but none of the other regions have been able to do that and and so you know wood until we get that funding. We we're not. We're not sort of up and running with a national program of of regional support. Some regions are employing somebody to do both adults and children, and so they'll pull that money.

00:51:06.590 --> 00:51:17.780
Hilary Paxton
Together somewhere having separate roles, separate posts to support the different departments within councils and and the NHSS separately in negotiation with the government for funding.

00:51:18.540 --> 00:51:42.500
Hilary Paxton
Again, they NHSE have advertised some regional posts and that's because they have some other funding sources that they're able to use temporarily, but they are hoping to have funding from DHS. See, so I think initially there NHSE posts that they've recently advertised will be. See comments for the current financial year until they get confirmation of the government funding for that next slide, please.

00:51:43.830 --> 00:52:16.150
Hilary Paxton
So there's some, uh, unintended governance for the program. Once we get all those regional post in place, and we have our first meeting coming up in December. So there's a, uh, an oversight group that's sort of lower down. At the bottom there's the contract review meetings that we have with DHSC quarterly, and then there will be the top red box. There is the those 18 posts. Or it might be between 9:00 and 18. If there are some, most posts will come together on a regular basis as a network, and the different boxes around the outside there or the different.

00:52:16.200 --> 00:52:34.590
Hilary Paxton
Uhm, other groups that exist that we will link in with including the NHS at clinical Reference Group that happens at a national level to oversee implementation in in health and at the bottom left hand side there is the LPS National Steering Group that DHS D runs next slide please.

00:52:36.140 --> 00:52:43.880
Hilary Paxton
So I've mentioned the conversion 'cause I don't really need to say an awful lot more about that at this point, but the slides there for further information.

00:52:44.730 --> 00:52:45.980
Hilary Paxton
Next slide, please.

00:52:47.910 --> 00:52:55.000
Hilary Paxton
So this is the expectation on regions and the work that they will be doing. Again, I've covered that in.

00:53:01.040 --> 00:53:01.730
Chris Bishop (Mental Health)
Muted again.

00:53:05.030 --> 00:53:06.300
Mark Godfrey
Hillary, you're on mute again.

00:53:05.860 --> 00:53:09.450
Errington, Andrew
Sorry, sorry Hillary somebody somebody must've muted you had already apologies.

00:53:06.840 --> 00:53:07.300
Hilary Paxton
Paul.

00:53:09.630 --> 00:53:12.460
Hilary Paxton
No, it's perfectly alright. I don't know. My hands are sitting still.

00:53:14.100 --> 00:53:23.360
Hilary Paxton
OK, so I've I've already really covered this in what I was saying earlier that this is the the work that will be done by the regional posts. Next slide please.

00:53:25.040 --> 00:53:55.320
Hilary Paxton
So issues that will need to be considered and include workforce and training and identifying young people in scope. In particular, we have the data from dolls for adults and we have the data from the Court of Protection applications, but for young people it's anticipated there may not have been datasets that are as obvious, and so there's some work to be done on that. There's thinking about commissioning. We incur service because the Inca role is changing slightly.

00:53:55.760 --> 00:54:26.960
Hilary Paxton
For those who are familiar with adult services, the RPR role, which is the dolls role that's the equivalent to an appropriate person at the moment. There's a lot of our PR work that is done by paid our PR's and it's part of the contracts or spot contracts for adult services within for services and they are PR role will go and the IMCO will carry. It will take out that role so that there's a shift in the contracts for include that needs to happen and a resulting expectation that we will need more in code. So there's.

00:54:27.010 --> 00:54:32.460
Hilary Paxton
Quite a bit of work to be done on sizing that by both the EMCO providers and local authority Commissioners.

00:54:33.120 --> 00:54:51.890
Hilary Paxton
And I've mentioned there as well about children and young persons. Advocates may wish to train as employers and and we need to be thinking about conversion for existing incurs and so on. And in terms of medical assessments, we need to have clarity on how that's going to work across local authorities and health. Next slide, please.

00:54:52.890 --> 00:55:15.600
Hilary Paxton
I'm so there's a number of questions here which I won't go through in detail, but are offered in the slides for you to look through and and the if you go on to the next slide as well, and there's some more questions there, so these are questions that you can work through in your steering groups in your your thinking through of of what you need to be thinking on. OK. Next slide, please.

00:55:16.750 --> 00:55:46.720
Hilary Paxton
So I just wanted to mention some support that exists now, even though we don't yet have the funding for the regional support posts, there's existing networks of of support and you as part of your regional networks have access to myself and to other people at local governments sociation. So the dust is and DCS is are supported by cheers and Children Improvement Advisors. And there are lots of legal resources and sky skills for care in hte.

00:55:46.770 --> 00:56:09.760
Hilary Paxton
Have also been funded by DHSC to develop training materials which will be made available over time as well as the BIA conversion course that LGA is being funded to develop and the other thing that I wanted to say for children services is that CDC the Council for Disabled Children has developed a system LPS system readiness tool and some Councils are finding this extremely helpful.

00:56:10.380 --> 00:56:40.750
Hilary Paxton
To help us think through who might be in scope and in the 16 and 17 year old age age group. And it's also quite important to think about 14 or 15 year olds at the moment because they may turn 16 and in the next year and and may need to be included. So this readiness tool is funded through DfE and and people who have already signed up for it have found it very useful. It's free of charge, but councils need to sign and MO view to agree to submit data when they've.

00:56:40.800 --> 00:56:42.880
Hilary Paxton
My my friend worked through it.

00:56:43.740 --> 00:56:45.570
Hilary Paxton
I think there's one more slide.

00:56:46.500 --> 00:57:00.400
Hilary Paxton
Uh oh, that's a a link to some resources which may be useful. And and then at the end we just got one more slide I think, which was Q&A. Yeah, OK, so that's me.

00:57:00.030 --> 00:57:00.370
Andrea Gronow
Thanks.

00:57:01.840 --> 00:57:35.260
Andrea Gronow
Thank you so much, Hilary. That's so that's a fantastic presentation. So much information. I'm sure everybody will agree. I can see lots of applause coming along, and that there's so much information there. But I think one of the key pieces of information that I took ways are not patient therapist and being strengths based was the the the area about consulting with the person to choose through. They might want to have as their representative person, so that's something that I've really took away from that.

00:57:14.030 --> 00:57:14.550
Hilary Paxton
No thanks.

00:57:30.990 --> 00:57:31.420
Hilary Paxton
Yes.

00:57:35.740 --> 00:57:38.900
Hilary Paxton
Yeah, so that's actually in legislation, which is good, yeah?

00:57:37.780 --> 00:57:52.760
Andrea Gronow
Yes, but she's really, really good. What I'd like to do now is to take us up to the break. I'd like to hand over to my colleagues who've been managing the chat and to pick out some questions for you if if that's OK.

00:57:51.920 --> 00:57:52.330
Hilary Paxton
Like that?

00:57:52.980 --> 00:57:53.360
Hilary Paxton
Yep.

00:57:55.750 --> 00:58:13.680
Karen Nixon (RRE) MPFT
I'm Karen Nixon PSW from Midlands Partnership NHS Trust. So I've got two questions. Firstly, so the first one is around mechanisms of challenging the appropriate person, particularly if they're not suitable or or they're not. Making those wise decisions on behalf of the person.

00:58:14.630 --> 00:58:17.320
Hilary Paxton
So I'm the responsible body.

00:58:18.550 --> 00:58:42.010
Hilary Paxton
It's is the, UM, they have the final say on who may be inappropriate person, so they need to make the decision on whether somebody is appropriate or not. And as I had mentioned, that includes checking whether the person at the center is comfortable with that, that person. So inappropriate person is expected to be unpaid and at any time if the responsible body thinks that they're not suitable, they can be.

00:58:42.500 --> 00:58:57.040
Hilary Paxton
Ham replaced so you can have a situation where you have an appropriate person who may actually find it's too much for them. They might ask for the support of an M Kerr and they might still find that. Actually, this isn't really what they signed up for.

00:58:57.090 --> 00:59:23.520
Hilary Paxton
Well, I'm oh, they might think that the person really needs to be in the care home and therefore they might find it very difficult to support them to challenge that in a court. And so they're responsible body has the right to then appointing incur instead and and to change it about. So if anybody was unhappy about it, the about the particular choice, the first port of call would be to the responsible body and say I'm not happy with this appropriate person.

00:59:24.270 --> 00:59:41.500
Karen Nixon (RRE) MPFT
Really thank you. I've got one more question before at hand. You over to my colleague and there's been several questions about guidance, particularly in in general assessments and day-to-day operational practice, but also guidance that's currently under development. So have you got any idea of how soon that would be coming out?

00:59:42.170 --> 00:59:56.750
Hilary Paxton
In terms of the Code of Practice, no, we're waiting to hear in terms of guidance on applying LPS within an adult social care or children social care frontline practice.

00:59:57.300 --> 01:00:27.110
Hilary Paxton
Uhm, I haven't got any information about that at this time either, and I think that's what you were referring to. So if you've got an occupational therapist or you've got a social worker who thinks that actually what is going on now is a deprivation of liberty and it needs to be authorized, the expectation and it will be discussed a bit in the code, but they may need to be further work on it, and the expectation is that the social worker or the OT would do the work on.

01:00:27.330 --> 01:00:34.830
Hilary Paxton
And you know it's less incapacity on whether the person can consent to the current treatment and also.

01:00:35.110 --> 01:01:06.370
Hilary Paxton
I'm probably looking at what arrangements are there and whether they are necessary and whether they are proportionate, so I suspect that quite a lot of the regional support work will be about what helped you know as establishing what help do councils need to get the training done for social work, cities and so on to be able to do that. And we our original program was to have those support paste in place for a year prior to go live. Obviously come April 22 isn't a year away.

01:01:06.910 --> 01:01:30.450
Hilary Paxton
And so you know, we're waiting to hear whether they go live would be in October or following April. If we can get those posts in place for a year, we will have the training framework, which includes the learning outcomes that are required for assessors and people doing determinations. So that should inform the guidance that we need to develop to support practitioners with that and the regulations will say what the qualifications are that are needed.

01:01:32.590 --> 01:01:35.360
Karen Nixon (RRE) MPFT
Brilliant, thank you. If we can hand you over to my colleague Tamsin.

01:01:35.650 --> 01:01:36.270
Hilary Paxton
Yes, certainly.

01:01:39.570 --> 01:02:02.580
Tamsin Waterhouse
High temps and Waterhouse PSW for Shropshire so there's a couple of questions in the chat. It's really about about the new MCP, so so the first ones about conversion training and it relates to Abia who trained as a BI but didn't practice as a PIA, but I suppose this will relate to other Bia's who are out of practice now.

01:01:42.610 --> 01:01:42.860
Hilary Paxton
Right?

01:02:03.270 --> 01:02:10.900
Tamsin Waterhouse
Uhm, will they be able to do for conversion training and move straight into Olivier MCP? Or will they need to retrain?

01:02:03.310 --> 01:02:03.650
Hilary Paxton
Yeah.

01:02:11.850 --> 01:02:13.050
Hilary Paxton
I, I think that.

01:02:14.300 --> 01:02:17.230
Hilary Paxton
We don't have a final word on this. We've been asking that.

01:02:17.290 --> 01:02:47.970
Hilary Paxton
Uhm ourselves as part of the development of the content. So one of the questions we've been asking DHSC about is what are the entry requirements to be able to do the conversion course, which actually is very similar to what you were saying and and we we have had some answers. So for example, in terms of how long the conversion course should be run, they are expecting it to continue being run after go live because there might be somebody who's been a BIA, but it's on maternity leave for example.

01:02:31.950 --> 01:02:32.210
Tamsin Waterhouse
Yeah.

01:02:48.270 --> 01:03:19.020
Hilary Paxton
And so they might not have practiced for a year if they've been on maternity leave, and so they would be able to come back in and do the conversion training. So because of that, I would expect that something equivalent would be true if they haven't practiced for a year or so. I think for somebody who hasn't ever practiced, there's a BIA that would be less easy, because I think there's an expectation that they're doing conversion training because they're already familiar with all of the deprivation of liberty stuff.

01:03:19.090 --> 01:03:20.770
Hilary Paxton
And it's just about learning the new process.

01:03:21.380 --> 01:03:27.470
Hilary Paxton
I'm so I think if somebody has never practiced as a BIA, it would be difficult that said.

01:03:28.590 --> 01:03:31.310
Hilary Paxton
Uhm, there are different views about.

01:03:32.040 --> 01:03:40.230
Hilary Paxton
And some of our NHSE colleagues who might think actually if we got people pushed through a BIA course now.

01:03:41.390 --> 01:04:10.190
Hilary Paxton
Then maybe they only need to do the conversion training and we don't need to put them through a full university. A MCP course and and some people think that's a bit cheeky and some people think actually, that might be a good use of resources, so I think as long as the Councils are given enough resources to do the job they need to do in terms of the training and you know that some people think that might be a good a good approach, but in that situation it might be quite difficult for those Bia's to get the practice in.

01:04:11.140 --> 01:04:13.240
Hilary Paxton
Before they need to do the training.

01:04:12.270 --> 01:04:13.730
Tamsin Waterhouse
The false information yeah.

01:04:13.880 --> 01:04:43.880
Hilary Paxton
Yeah, so so I don't have a very definite answer to your question, but it is a question that we've been asking because we need to have people who are competent and and one of the things that the rain and Neil are doing is they are comparing their content and their approach with the social work England colleagues. So there meeting with them to discuss what's expected of the universities when they do the full a MCP training because we don't want a two tier system of a MCPS that are better because.

01:04:43.940 --> 01:05:01.390
Hilary Paxton
They came through one or other of the types of training, so we we need to make sure that the MCPS that are produced by both the conversion training and the full training produce a good quality of a MCP. So I'm sorry I can't give you all of the answers on this, but I would say watch this space and and it if we get more detail on it, we will share that.

01:05:02.400 --> 01:05:09.780
Tamsin Waterhouse
OK, thank you and then the second question about the MCP was some has there been or will there be?

01:05:10.400 --> 01:05:19.730
Tamsin Waterhouse
Any consideration to drafting a regional or national job description, person spec, pay scale for someone in the MCP well?

01:05:20.170 --> 01:05:42.510
Hilary Paxton
And I don't think that we've done any work on that, but certainly the LGA HR policy colleagues, the the personnel policy colleagues have recommended job evaluation will be needed, so there may need to be some work with unions about that, and they've recommended that information about that is inserted into the workforce strategy.

01:05:42.880 --> 01:05:56.520
Hilary Paxton
Uh, so that people who are planning their workforce development will will think those things through in terms of it being done at a national level. I haven't seen any organization leading on that work yet.

01:05:57.020 --> 01:06:03.890
Hilary Paxton
I'm under think I'm probably people are waiting for the code of practice to end and the regulations to understand a bit more about that.

01:06:04.470 --> 01:06:14.510
Hilary Paxton
I'm so if there isn't anything at a national level, I wouldn't be surprised at collaborative work within regions to do it, and if it starts in an individual region.

01:06:15.180 --> 01:06:32.270
Hilary Paxton
I wouldn't be surprised that being shared into other regions because people say, oh, has anybody got a job description like this and I see it all the time on the NHS futures platform, which is where they're also having to grapple with this, but I suspect that on the NHSE context they'll be talking about.

01:06:32.660 --> 01:07:02.610
Hilary Paxton
I'm, you know, conditions and they'll be looking at you know exactly how they where they banned them within the agenda for change, and so on. And that will be slightly differently described from how we have it within local government. So I suspect that you know that it won't be exactly the same if you're employed in health from social care, but it was over the side. Suppose and I, but I think in local government they'll probably be quite a lot of sharing of of proposed job descriptions and so on, but I haven't seen it yet.

01:07:04.640 --> 01:07:07.820
Hilary Paxton
Very early days. Ideas about job descriptions and things, yeah.

01:07:05.010 --> 01:07:05.480
Tamsin Waterhouse
Love.

01:07:08.790 --> 01:07:10.340
Tamsin Waterhouse
OK, thank you very much.

01:07:10.740 --> 01:07:11.210
Hilary Paxton
OK.

01:07:12.700 --> 01:07:17.710
Andrea Gronow
K Thank thank you everybody and thank you Hillary for answering those questions for us.

01:07:18.120 --> 01:07:42.970
Andrea Gronow
And I can't believe it. We are actually a bank on schedule and so I think it's time now to call a break. So if everybody can go off, have a little bit of a refreshment, stretch it, legs, get some fresh air and make a copper and come back here for 10:45. So thanks again to Hillary and excellent presentation. So informative, and I'm sure lots of us have got lots more questions.

01:07:43.350 --> 01:07:50.210
Hilary Paxton
Well, they could be forwarded on there. If anybody does have any questions. If you forward them through the West Europe West Midlands team then they can get answers from me.

01:07:45.600 --> 01:07:45.950
Andrea Gronow
Yeah.

01:07:50.890 --> 01:07:55.870
Andrea Gronow
Thank you again. Thank you so much and I will see everybody back at 10:45. Thank you.

01:21:27.930 --> 01:21:30.580
Andrea Gronow
10% say welcome back.

01:21:31.480 --> 01:21:40.980
Andrea Gronow
I probably had a chance to have a stretch and go and get a quick drink, and I'd like to now take us into the second part of this morning.

01:21:42.170 --> 01:21:44.260
Andrea Gronow
Uh, do we have the slides?

01:21:45.400 --> 01:21:46.100
Andrea Gronow
Shelley

01:21:48.750 --> 01:22:12.950
Andrea Gronow
right, this second part of the morning is now we're going to consider the practice implications. So the leads of our networks are going to look at the implications for children, young people, adults, and for occupational therapy. So I'd like to hand over now to Nicola, who's going to present on behalf of the children's network. Over 2 unit. Claire, thank you.

01:22:14.310 --> 01:22:14.950
Nicola Hale (Childrens and Young People Safeguarding and Review)
Thank you man.

01:22:16.320 --> 01:22:36.490
Nicola Hale (Childrens and Young People Safeguarding and Review)
So this presentation is just to give an overview release to the current context for 16 and 17 year olds. Some of the implications of the UM, new LPS processes and then DFL considerations. Really, for those of us who work in children services. Next slide please.

01:22:39.640 --> 01:23:01.940
Nicola Hale (Childrens and Young People Safeguarding and Review)
So I'm currently and the deprivation of liberty for children is managed under the Mental Capacity Act, which requires authorization under legal proceedings under the Court of Protection. So under the LPS, the responsible body which could be their local authority, the hospital trust, the CCG or Mental Health Trust would be able to determine.

01:23:02.550 --> 01:23:14.740
Nicola Hale (Childrens and Young People Safeguarding and Review)
And within the context of assessment in review, where they 16 and 17 year olds are being deported, their liberty and then authorize those arrangements without the need for Court of Protection.

01:23:16.140 --> 01:23:36.960
Nicola Hale (Childrens and Young People Safeguarding and Review)
So these estimates will need to be completed by regulated professionals who working with the young person involved in their care and support plan. Unless there's a belief that that person does doesn't wish to reside in that place or receive the treatment, and under those arrangements, and then they would require the oversight of an approved mental capacity professional.

01:23:38.560 --> 01:24:03.490
Nicola Hale (Childrens and Young People Safeguarding and Review)
So as we've we've already heard this morning, we we know that those practitioners who are currently best interest assessors can convert to a MCPS and they'll have greater awareness of those issues relating to young people who are under 18 but also children's workers are going to need more training and understanding of the Mental Capacity Act so that we can work together really to ensure this process.

01:24:03.630 --> 01:24:08.130
Nicola Hale (Childrens and Young People Safeguarding and Review)
And he is in place. Next slide please.

01:24:12.890 --> 01:24:19.310
Nicola Hale (Childrens and Young People Safeguarding and Review)
So this is just some of their particular considerations we have for under eighteens, so uhm.

01:24:19.950 --> 01:24:37.530
Nicola Hale (Childrens and Young People Safeguarding and Review)
Currently those who holds parental responsibility and so that can be parents or guardians. But sometimes the local authority for the young people are in care, will retain parental responsibility until the child's 18, and so they must be involved in and called consulted on key decisions regarding their care and treatment.

01:24:38.520 --> 01:25:08.380
Nicola Hale (Childrens and Young People Safeguarding and Review)
And according to case law parents or those people with parental responsibility can't consent to the confinement of the young person who expresses an objection to this. And I think we're all I've heard of the Gallican Fraser competence ruling. So there was a judgment from this year which reiterates the expectation that any young person who's reached the age of 16 and has the capacity to consent or refuse treatment or accommodation unless that can be, it can be done this right at their lack mental capacity.

01:25:08.980 --> 01:25:14.110
Nicola Hale (Childrens and Young People Safeguarding and Review)
And I guess you know for our children who are 16 or 17, we have to make sure that any.

01:25:15.880 --> 01:25:35.460
Nicola Hale (Childrens and Young People Safeguarding and Review)
You know, and arrangements under the LPS links into. They were the care plans that might be a child in care plan, their education, health care plan, or so their pathway, plan and and and just to be clear that the local authority involvement would be for Childs accommodated under section 20 or an interim awful care order.

01:25:37.420 --> 01:25:38.610
Nicola Hale (Childrens and Young People Safeguarding and Review)
Next slide, please.

01:25:42.150 --> 01:25:50.040
Nicola Hale (Childrens and Young People Safeguarding and Review)
So I'm just to recap really that there are a number of ways in which young person might be deprived of their liberty, so uhm.

01:25:50.680 --> 01:26:20.360
Nicola Hale (Childrens and Young People Safeguarding and Review)
They kind of threshold will be if they can find, which means they're under continuous supervision and control and aren't permitted to leave that setting or placement and and aging cognitive. Different developments needs to be considered for younger children, but for 16 and 17 year olds these arrangements would be if there's a formal admission for an assessment and to the Mental Health Act. Detention by the police within the secure estate, a placement insecure accommodation.

01:26:20.680 --> 01:26:26.310
Nicola Hale (Childrens and Young People Safeguarding and Review)
Wiring decisions being made at that young person would be at risk as significant harm in another form of provision.

01:26:27.210 --> 01:26:35.820
Nicola Hale (Childrens and Young People Safeguarding and Review)
And and then, also the imposition of restrictions on a young person's freedoms and activities in a non secure placement and.

01:26:37.730 --> 01:27:05.760
Nicola Hale (Childrens and Young People Safeguarding and Review)
And also following the assessment of mental capacity to ensure that Karen support needs are met in new proof provision. So we'll opposed reference to the acid test, which means that that person is subject to continuous supervision and control, and they're not free to leave. So I guess the question to ask ourselves would be, would that young person be allowed to leave if they wanted to if they try to, or if if a family member came and to remove them from that place. Mental care setting.

01:27:10.950 --> 01:27:11.680
Nicola Hale (Childrens and Young People Safeguarding and Review)
Thank you.

01:27:12.750 --> 01:27:13.850
Nicola Hale (Childrens and Young People Safeguarding and Review)
So Umm.

01:27:14.480 --> 01:27:31.480
Nicola Hale (Childrens and Young People Safeguarding and Review)
The LPS authorizations would apply to 16 and 17 year olds in settings such as children's homes, foster homes, and short breaks, but also youth club provisions and education settings, including day and most dental schools and colleges.

01:27:32.710 --> 01:27:36.430
Nicola Hale (Childrens and Young People Safeguarding and Review)
And also hospitals including inpatient mental health units.

01:27:39.220 --> 01:28:05.650
Nicola Hale (Childrens and Young People Safeguarding and Review)
So just got a couple of case examples here just to try and kind of bring the information to live so we have a young person here called Yasmin who 16 years old and it is looked after young person subject to a counter order and has been with foster carries for several years so she has a diagnosis of Down syndrome and severe learning disabilities and and last year replacement brake zone.

01:28:06.460 --> 01:28:07.080
Nicola Hale (Childrens and Young People Safeguarding and Review)
So.

01:28:07.930 --> 01:28:27.830
Nicola Hale (Childrens and Young People Safeguarding and Review)
The local authority or preparing to support Jasmine in her transition to adulthood, but also to prevent multiple moves as she approaches adult hood. So the placement was agreed for a supported living accommodation, so that has one to one support around the clock to meet her social lanter care needs.

01:28:28.670 --> 01:28:30.380
Nicola Hale (Childrens and Young People Safeguarding and Review)
So in this scenario.

01:28:31.780 --> 01:28:42.280
Nicola Hale (Childrens and Young People Safeguarding and Review)
Pete has met the acid test because she lacks capacity to consent to the arrangements for a car, but the risk continuous supervision and control, and she's not free to leave her case setting.

01:28:43.500 --> 01:28:44.950
Nicola Hale (Childrens and Young People Safeguarding and Review)
And so in this case.

01:28:45.340 --> 01:28:51.610
Nicola Hale (Childrens and Young People Safeguarding and Review)
And she's placed into under a dolls and it lacks had been approved by the court and kept under review.

01:28:58.930 --> 01:29:16.480
Nicola Hale (Childrens and Young People Safeguarding and Review)
Say under the LPS arrangements, UM and assessment would be undertaken for Yasmin to ensure that the arrangements are necessary to prevent harm and and they they're proportionate in relation to the likelihood and seriousness of the harm, and so if that wasn't net then they wouldn't be able to be authorized.

01:29:17.170 --> 01:29:27.300
Nicola Hale (Childrens and Young People Safeguarding and Review)
And you will try station would initially lost the six months and then it would be reviewed and extended for a further 12 months. And then it could be authorized for up to three years.

01:29:28.020 --> 01:29:43.110
Nicola Hale (Childrens and Young People Safeguarding and Review)
So for young people and preparing for adulthood like like Jasmine and changing placements, and you know, we need to make sure that they've got the right support at and and it may well need to be reviewed more frequently.

01:29:51.910 --> 01:30:18.280
Nicola Hale (Childrens and Young People Safeguarding and Review)
And then just another case example is a young young man called James. He's 16 years old and he's looked after subject to section 20 of the Children Act. He resides in a residential placement with 24 hour care and one to one support pre social earnings care needs. And he's diagnosed with severe autism, associated behavioral and learning disabilities and communication needs.

01:30:19.000 --> 01:30:49.180
Nicola Hale (Childrens and Young People Safeguarding and Review)
Communicates using makaton and visual planners and Jones just display physical aggression towards others that sometimes requires him to be restrained on on a teeter on staffing basis, so again, currently he's been granted a deprivation of liberty by the courts, and that's still under review due to the level of the restraints and restrictions in place. And again, this situation meets the acid test because he does like capacity to make an informed decision regarding his own.

01:30:49.320 --> 01:30:55.640
Nicola Hale (Childrens and Young People Safeguarding and Review)
And special care needs and where we live in and and the restrictions that are placed upon him.

01:30:56.650 --> 01:31:05.970
Nicola Hale (Childrens and Young People Safeguarding and Review)
Deep IPS liberty, but they are in his best interests, although there there is continuous supervision and control and he's not free and to leave the setting.

01:31:09.210 --> 01:31:10.740
Nicola Hale (Childrens and Young People Safeguarding and Review)
So, uhm.

01:31:12.340 --> 01:31:22.890
Nicola Hale (Childrens and Young People Safeguarding and Review)
Under the LPS arrangements, any any individual who's been deprived of their liberty messed up someone to support their interests and appeal against that deprivation if necessary.

01:31:23.630 --> 01:31:47.710
Nicola Hale (Childrens and Young People Safeguarding and Review)
And so I went to the LPS. Inappropriate person will be appointed by the responsible body, and normally this would be a family member or friend. But for young people who are in care, then there needs to be a clear consideration about who this person would be, and it may be that those circumstances would then meet the criteria for an independent mental capacity advocate, and they would be appointed.

01:31:48.360 --> 01:32:01.490
Nicola Hale (Childrens and Young People Safeguarding and Review)
And the approved mental capacity professionals would only assess circumstances where there's a reason to believe that the person objects to the arrangement. But the responsible body can also refer to an AM, CP, and.

01:32:02.130 --> 01:32:17.730
Nicola Hale (Childrens and Young People Safeguarding and Review)
If if there's any concern and we've heard more about that earlier this morning, but the assessment does need to include the assessment of their mental capacity and assessment of their medical needs, and then whether the arrangements are both necessary and proportionate.

01:32:18.590 --> 01:32:36.460
Nicola Hale (Childrens and Young People Safeguarding and Review)
And I think the benefit of the LPS is that they'll be a greater involvement of family, so the arrangements would be made without the need for a court order, which will lead to more proportionate decision making and hopefully that will minimize the distress and intrusion for that young people and their families, but also increase their.

01:32:37.170 --> 01:32:41.170
Nicola Hale (Childrens and Young People Safeguarding and Review)
Inclusion rating the decisions that are being made, and about their care.

01:32:42.500 --> 01:32:49.850
Nicola Hale (Childrens and Young People Safeguarding and Review)
And and it's we've heard this morning the IMCP is a new role. There will be independent and and trained.

01:32:50.950 --> 01:32:59.170
Nicola Hale (Childrens and Young People Safeguarding and Review)
Professionals, and sometimes they will be required to carry out preauthorization reviews. If there's a concern about the arrangements.

01:32:59.790 --> 01:33:12.680
Nicola Hale (Childrens and Young People Safeguarding and Review)
And and they would consider sort with a young person. They care about their advocates and and there would be involved in response to any responsible body that raises an issue regarding the treatment and care plan.

01:33:16.330 --> 01:33:38.880
Nicola Hale (Childrens and Young People Safeguarding and Review)
So just as a bit of a summary, really, uhm, there's clearly a lot lot of work to do, and these are some of the things that we need to consider in children services and to make sure that all practitioners have a good understanding of the criteria for LPS and and also a good understanding of the mental Mental Capacity Act and the thresholds for assessment.

01:33:39.580 --> 01:33:58.740
Nicola Hale (Childrens and Young People Safeguarding and Review)
And although they haven't legislation and policies that are specific to children and young people, as I've said, the the approaches are person centered and and and takes a stance of around the least restrictive approach to keep young people safe, but also reflecting their stages of development and their views.

01:33:59.360 --> 01:33:59.990
Nicola Hale (Childrens and Young People Safeguarding and Review)
Uhm?

01:34:00.850 --> 01:34:31.380
Nicola Hale (Childrens and Young People Safeguarding and Review)
And so, as we've heard, they'll need to be worked to make sure that we've got enough practitioners who understand both children's legislation and and care arrangements. But also the Mental Capacity Act in the LPS law and guidance. And so there will need to be specialist children's workers who can become a MCPS. But also it's about working together to share that that information really in the knowledge between organisations or Thor, Iti's and. And we know that there will be more events and opportunities like today.

01:34:31.670 --> 01:34:37.450
Nicola Hale (Childrens and Young People Safeguarding and Review)
And as he made through that timeline of of moving closer to the implementation date.

01:34:38.890 --> 01:34:40.350
Nicola Hale (Childrens and Young People Safeguarding and Review)
That's it for me. Thank you.

01:34:45.960 --> 01:34:47.230
Andrea Gronow
Thank you Nicola.

01:34:47.950 --> 01:34:56.630
Andrea Gronow
Thanks, thanks very much. That's really informative, well done, and I'm sure that's giving a lot of people something to think about. And especially with there's additional changes for younger people.

01:34:56.690 --> 01:35:14.370
Andrea Gronow
So, and we've got some interesting questions collected in the chat which we had to have some time to address later, but I'd like now to hand over to to Vicky, who's going to speak to us about the implications for adult social care.

01:35:15.340 --> 01:35:17.100
Andrea Gronow
To over to Vicky and Debbie.

01:35:24.770 --> 01:35:39.040
Vicky Handley
Good morning, hi there, my name's Vicky Handley. I'm the dolls lead for Walsall Council, have been for the previous four years. I'm a best interest assessor and also recently qualified as an amp.

01:35:39.880 --> 01:35:53.670
Vicky Handley
Myself and my colleagues. Abby Marriott. We're really looking forward to giving you a glimpse into the future for adult social care practice and just talk a little bit about what we could be doing now to prepare for the proposed changes so you Debbie.

01:35:54.560 --> 01:36:13.510
Marriott, Deborah (Adult Social Care - Solihull MBC)
Hi, I'm Debbie Marriott so I'm I'm an assistant team manager in Solihull Dolls team and I'm what we're looking at is the implications for the adult social care workforce which as we know is tricky because we still don't have the code of practice etc. But there's so much that actually we could be doing now.

01:36:14.580 --> 01:36:15.910
Marriott, Deborah (Adult Social Care - Solihull MBC)
Next slide slide please.

01:36:15.960 --> 01:36:21.450
Marriott, Deborah (Adult Social Care - Solihull MBC)
Please so so what's new? What what's going to change with LPS?

01:36:22.080 --> 01:36:51.990
Marriott, Deborah (Adult Social Care - Solihull MBC)
And it's going to seek to further promote practice which aligns with human rights and the core principles and duties of the Care Act, 2014. This is stuff that's already there and this is nothing new in many ways. So we need to take ownership of the rights conferred by the Mental Capacity Act. Use our existing skills, knowledge and experience and ensure the empowering ethos of the Mental Capacity Act is firmly embedded in practice. So when we're working with people, this is a.

01:36:52.110 --> 01:37:00.340
Marriott, Deborah (Adult Social Care - Solihull MBC)
A challenge for managers for practitioners, but how do we actually embed these principles? Maybe more than is already being done. So at the moment.

01:37:02.130 --> 01:37:24.550
Marriott, Deborah (Adult Social Care - Solihull MBC)
Next next line up so our message to everybody is don't delay start today. Don't keep waiting for everything to be put into place because we've got plenty of case law that at the moment maybe we think well as Bia's we rely on a lot of a lot of this case law. But actually, it, uh, it applies across the board. So things like AJ.

01:37:25.400 --> 01:37:42.310
Marriott, Deborah (Adult Social Care - Solihull MBC)
That identified, amongst many other things, that physical intervention, whether considered to amount to restraint or not, should be recorded in the in the care plan maintained by the service provider and monitored by the statutory body responsible for commissioning the persons care.

01:37:43.370 --> 01:37:52.490
Marriott, Deborah (Adult Social Care - Solihull MBC)
So it's about thinking about these things, not just when the BIA goes along and says all look this person is receiving 2 to one care or there.

01:37:52.790 --> 01:38:24.550
Marriott, Deborah (Adult Social Care - Solihull MBC)
And that deprived of their liberty in their room when they're when they're unsettled. It's about thinking about these things when the person is placed. We already know about LB. Hillington versus Steven Neary, Steven a young man with autism spectrum difficulties needed temporary care while his father was unwell and the local council placed him in a specialist unit because of concerns about his behavior and insisted on keeping him in the unit for almost a year. When the quarter protection ruled that the Council had breached his Article 5 rights and unlawfully deprived him of his liberty.

01:38:25.250 --> 01:38:35.180
Marriott, Deborah (Adult Social Care - Solihull MBC)
And then it took for the court to then ordered for Steven to being able to return home. So it's thinking about these things at the time we're actually looking at the care at the beginning.

01:38:38.480 --> 01:38:39.630
Marriott, Deborah (Adult Social Care - Solihull MBC)
I pity overcame.

01:38:42.260 --> 01:38:43.350
Vicky Handley
Thanks Debbie.

01:38:46.020 --> 01:38:49.610
Vicky Handley
Brilliant Shelley's one step ahead and it's already got the slides up. Thank you.

01:38:50.880 --> 01:39:02.890
Vicky Handley
I'm so really what we're talking about here. For liberty protection safeguards, is that our main assessment will be largely based on the two elements of necessity and proportionality as we've been discussing.

01:39:04.170 --> 01:39:10.980
Vicky Handley
So it's really a senchal that we are providing the evidence in our care and support plans that what we're proposing.

01:39:11.810 --> 01:39:29.200
Vicky Handley
In terms of the arrangements are absolutely necessary to prevent harm and proportionate, both to the severity and the likelihood of that harm occurring, and if we can provide that evidence within the care and support plan, then what we're doing is we're ensuring that we have protection from the MCA.

01:39:30.330 --> 01:39:32.320
Vicky Handley
And if we put him both these elements.

01:39:33.250 --> 01:39:56.710
Vicky Handley
Together and their and their evidenced and met right at the points at which the care arrangements are determined. If it's done correctly, it's going to ensure that there's no room for risk averse or overly restrictive care arrangements, and that the person kept right at the center of any decision being made on their behalf. Of course, that's easier said than done, and it can be a real challenge at times in practice.

01:39:57.510 --> 01:40:10.030
Vicky Handley
To ensure that the balance is struck between protecting the person from the potential risk of harm and at the same time promoting their independence, especially if our decision making is sometimes challenged by family.

01:40:10.650 --> 01:40:13.380
Vicky Handley
Professionals, and sometimes a person themselves.

01:40:14.260 --> 01:40:17.270
Vicky Handley
So we wanted to do was just introduce to you.

01:40:17.910 --> 01:40:30.900
Vicky Handley
Lillian and her social worker, Katie, and just take a little stroll into the future and and and have a look at what it might look in practice based on what we we think we know at the moment.

01:40:31.860 --> 01:40:39.850
Vicky Handley
So we're meeting Lillian in hospital, she's 83. She's already got a confirmed diagnosis of dementia.

01:40:41.050 --> 01:40:52.520
Vicky Handley
She's had a fall at home and she's being treated for dehydration and an infection in her legs, and she lives alone in her bungalow, but is supported by her son Philip with daily visits.

01:40:53.200 --> 01:41:01.880
Vicky Handley
Katie, the social worker. But she could have been an OT or a nurse, depending on who is managing the discharge arrangements has been allocated the case.

01:41:02.860 --> 01:41:13.920
Vicky Handley
And she's been made aware of concerns about Lillian for getting a medication, sometimes meals and occasionally refusing input from the community, nurses to change bandages on their legs.

01:41:14.560 --> 01:41:19.290
Vicky Handley
So Philip tells Katie that he's been really concerned for his mum safety in the community.

01:41:19.340 --> 01:41:25.590
Vicky Handley
Today following an incident, he's put up a ring doorbell which sends a notification to his phone.

01:41:26.210 --> 01:41:40.220
Vicky Handley
If there's any activity by the front door, he said if she left the house, he would probably contact the neighbors or even leave work himself to find her, and he explains to Katie that he's just really concerned about her being safe in our in our own bungalow.

01:41:41.690 --> 01:41:58.200
Vicky Handley
Katie then speaks to Lillian and finds out that Lillian, quite independent minded and she doesn't really think she needs any support on discharge. She's not comfortable with the idea of support, and she denies that sometimes she forgets some medication or all the other concerns that have been raised.

01:41:59.780 --> 01:42:10.140
Vicky Handley
So Katie reflects that somehow she's going to balance the tension between protecting millions well being, but also her independence, and considers the impacts on Lillian have having carers come to a home.

01:42:11.580 --> 01:42:19.090
Vicky Handley
She concludes that a package of care is probably the least restrictive option and most proportionate to the risks that are she's presenting with.

01:42:20.050 --> 01:42:25.390
Vicky Handley
So Katie anticipates that Lillian Carers Airport arrangements might require an LPS authorization.

01:42:26.070 --> 01:42:41.090
Vicky Handley
She's thinking Lillian in fact might not be safe to leave without some support from our home and would be returned to her home if she tried to leave. So this, combined with a package of care on discharge, could amounts for being and to continuous supervision and control.

01:42:42.160 --> 01:42:44.930
Vicky Handley
Kate explains the safeguards to Lydian and Phillip.

01:42:45.830 --> 01:42:54.110
Vicky Handley
And then she undertakes an assessment of Lillian's mental capacity. She makes sure that Lillian's given all the information she needs and gives a time to think things over.

01:42:55.740 --> 01:43:05.060
Vicky Handley
She finds out that if Lillian is given some pain relief prior to having her bandages changed, so she's less likely to refuse that intervention by the nurse is.

01:43:05.990 --> 01:43:27.160
Vicky Handley
She also considers the OT assessment who have recommended a false alarm and some of the changes to the home environment and that these will reduce the risks and promotes Lillian's independence. Kate is also assessed that Lillian can't make her own decisions in relation to the proposed caring support plan, so she must make a best interest decision.

01:43:28.080 --> 01:43:37.490
Vicky Handley
She identifies that nobody is holding lost her power of attorney for Lillian, and she also considers applying for an independent mental capacity advocate.

01:43:38.800 --> 01:43:49.270
Vicky Handley
Katie also considers the arrangements of three calls a day and the additional support if Philip needs a break. Meet the acid test and so she raises the necessary and proportionate documentation.

01:43:50.790 --> 01:44:01.700
Vicky Handley
And she also makes a referral to the AM CAP team. They approved mental capacity professional given that Lillian subject objecting to the proposed arrangements.

01:44:03.290 --> 01:44:26.540
Vicky Handley
The M cat reviews the capacity assessment. The medical evidence confirming that Lillian Scott dementia and the necessary and proportionate assessment, and he also consults directly with Lillian, the incur her son and the professionals involved in her care and support, and he concludes that the conditions are met and he recommends that the authorization be put in place for four weeks at first to monitor the arrangements.

01:44:27.630 --> 01:44:29.740
Vicky Handley
Bell PSO theorised.

01:44:30.680 --> 01:44:36.520
Vicky Handley
Uh, my Lillian is discharged home. Both the care and the LPS authorization or reviewed 4 weeks later.

01:44:40.860 --> 01:44:51.190
Vicky Handley
So that was just to give you a little walkthrough as best as we now really come in in terms of a little case study, a little light into the future.

01:44:52.390 --> 01:44:53.900
Vicky Handley
Next slide please Shelley.

01:44:56.840 --> 01:45:02.060
Vicky Handley
So this is to give you a bit of a flavor really about how this will look in practice.

01:45:02.760 --> 01:45:03.260
Vicky Handley
Uhm?

01:45:04.170 --> 01:45:13.250
Vicky Handley
What we are hoping that Lillian story demonstrates. His how the safeguards of got the potential both to strengthen our interventions with people.

01:45:14.260 --> 01:45:17.790
Vicky Handley
But right at the points at which we're proposing the arrangements for care.

01:45:18.570 --> 01:45:31.700
Vicky Handley
And the safeguards also offer a strong focus on the person, ensuring their voices heard throughout, including the right to advocacy, which is really strongly promoted, as of course it should be.

01:45:32.500 --> 01:45:45.620
Vicky Handley
And there's nowhere for risk averse proposals for care to hide. You know, there will have to pass this test of necessity and proportionality, and that these proposals will be independently scrutinized through the authorization process.

01:45:47.380 --> 01:46:09.240
Vicky Handley
And also, you know the safeguards for the protection of the persons liberty I discussed right at the point at which the decision making for the care arrangements are discussed. Often the best interest assessor intervention is much further down the line at the points at which the opportunity to bottom out the available options has has really been missed, and it's much like shutting the gate really after the horse has bolted.

01:46:10.120 --> 01:46:11.290
Vicky Handley
I'm over to you Debbie.

01:46:13.040 --> 01:46:14.230
Marriott, Deborah (Adult Social Care - Solihull MBC)
Next line please.

01:46:16.260 --> 01:46:42.370
Marriott, Deborah (Adult Social Care - Solihull MBC)
So what we wanted to look at really was the opportunities and the challenges, because there are a lot of challenges. But there's also a lot of positives in our PS. If it can be implemented properly, so some of those opportunities will be to start right back at where Hillary started at the beginning and it is about promoting human rights and looking at that on on our day-to-day interactions to use the safeguards to empower and protect those who lack capacity.

01:46:43.230 --> 01:47:12.120
Marriott, Deborah (Adult Social Care - Solihull MBC)
And to practice in a cohesive way. So how can we work with our partners? How can we work in our multidisciplinary teams and with other agencies? And with the person who's at the heart of this and to look at their strengths and the strengths of all of the whole? The whole framework that we were in, which we're working and to embrace that legislative framework to share our knowledge and expertise with our partners and colleagues that may improve the outcomes for others in small ways that can lead to big differences.

01:47:13.190 --> 01:47:43.900
Marriott, Deborah (Adult Social Care - Solihull MBC)
Now I can. I can almost feel it, yeah, but what? What if? What, if and are particularly in the current climate? It's very difficult. The pressure and the pace at which everyone having to work, and in you know, putting in care packages of care discharging people from hospital. All of those challenges. So obviously we're well aware of that, but it's about trying to capture some of those positive things that we can do going forward. So one of the challenges is to actually see the opportunities.

01:47:44.650 --> 01:48:05.980
Marriott, Deborah (Adult Social Care - Solihull MBC)
And not just totally view it as something extra that's got to be done on top of heavy caseloads? Are more paperwork or more forms to fill in, and it's about embedding that knowledge and in educating ourselves and others and also to be LPS ready. That's a massive challenge as well across the region. The region is very diverse. It's a region that has.

01:48:06.370 --> 01:48:26.680
Marriott, Deborah (Adult Social Care - Solihull MBC)
Uh urban massive open covered conurbations. There's also a lot of countryside. There's also for example, in Solihull, a lot of self funders, so how are they going to be affected by this? So there's lots and lots of different things to be thinking about and lots of challenges, but it's about trying to encapsulate some of the opportunities that hopefully LPS will bring.

01:48:34.340 --> 01:48:48.140
Vicky Handley
Actually, so we just wanted to give you, really, you're a main message from our presentation and that is, you know, just keep up the good practice. They like Katie. Just keep doing what you're doing now.

01:48:48.200 --> 01:48:56.270
Vicky Handley
I keep seeing those mental capacity assessments keep seeing those best interests assessments and trying to introduce the necessity and proportionality.

01:48:57.000 --> 01:49:12.430
Vicky Handley
And to strengthen our caring support plans, noticeable strength based way of working. And if we can get it right now, it's getting these basics right. Will really help smooth the transition over to LPS in the future.

01:49:13.730 --> 01:49:21.280
Vicky Handley
And and you know, finally, just a hearty thank you from us both for listening and all the best for the future when LPS.

01:49:21.910 --> 01:49:30.780
Vicky Handley
Finally hits US. There's just a couple of references from there or interesting links if you want to go and and have a look at those. So thanks again.

01:49:32.230 --> 01:49:32.730
Marriott, Deborah (Adult Social Care - Solihull MBC)
K.

01:49:38.390 --> 01:50:09.800
Andrea Gronow
Thank you to Vicky Auntie Debbie that was really informative and that case today and it really brings it into reality for everybody so huge thank you. That's really, really well received. I can see we've got quite a few questions in the chat, so as soon as I I've looked at the practice implications for OT what I'd like to do is ask my colleagues who are monitoring the chat to see if they can pick out a few key points.

01:50:09.910 --> 01:50:19.680
Andrea Gronow
Ready for the end of my presentation and before we move onto to the raid 'cause it may have a little bit of time so I just give you the heads up there. Thank you.

01:50:20.470 --> 01:50:39.340
Andrea Gronow
OK, so with with that, moving onto the implications for occupational therapy if I can have the next slides. Shelley, thank you very much. OK, so I'm going to talk us through some implications for occupational therapy practice now.

01:50:39.760 --> 01:51:11.660
Andrea Gronow
And when I was asked to deliver this presentation, it became clear that occupational therapy across the region do not feel very prepared for our PS and very confident in in the subject. So what I thought today, it's just really that we definitely is a an authority, and as a profession need to start thinking and preparing. And that's worked for us to do as a region next year. But I just thought I'd like to bring some thoughts together in terms of OT philosophy and values and.

01:51:11.720 --> 01:51:20.240
Andrea Gronow
LPS and just to to buy some key points and to actually reflect on what we're already doing now and to build upon that so.

01:51:21.640 --> 01:51:30.710
Andrea Gronow
IT's we are stretched space professionals. We do work in a strengths based way and we consider what the person's assets and what they can do.

01:51:31.610 --> 01:51:40.980
Andrea Gronow
Our values are enabling people promoting that independence, and we always try to use the least restrictive options to keep our citizens safe and independent.

01:51:41.650 --> 01:51:54.220
Andrea Gronow
Wherever we can't will give people advice about doing things differently without any intervention. It's often about coaching education and just really talking about their goals and aims.

01:51:55.290 --> 01:52:08.960
Andrea Gronow
So we're also keep professionals who promote positive risk, taking particularly in social care. Occupational therapists really promote people to be as independent as they can, and we do this every day.

01:52:10.470 --> 01:52:24.130
Andrea Gronow
This is something really fast. Remember is that going forward in OT may be asked to compete the mental capacity assessments and the lesleyann proportionate assessment as part of Liberty protection safeguards or to contribute to those assessments.

01:52:25.060 --> 01:52:35.170
Andrea Gronow
OK, next slide please Shelley. OK so just a few recaps. Really what was we we consider US practitioners both now and in the future.

01:52:36.270 --> 01:53:06.190
Andrea Gronow
So since he doesn't lack capacity to consent, have we considered all the options to keep that person safe which don't limit their freedom? We should always be using it in a bin and strength based approach, for example, looking at changing the environment and encourages citizens to manage the controls of their equipment. For example, if you're hosting somebody, enabled them to to hold those controls, as long as they possibly can to take that control, so feel that they are in control of that movement.

01:53:06.560 --> 01:53:09.230
Andrea Gronow
That they had been doing dumb with and not done too.

01:53:10.660 --> 01:53:24.150
Andrea Gronow
So if we're looking at as he quit Minton, we need to think about how frequent and for how long that equipment is going to be used particularly strict if equipments and it give that again enable that citizen to participate as much as possible.

01:53:24.900 --> 01:53:34.450
Andrea Gronow
We need always to consider is the intervention. What we're completing the least restrictive for that person, and can they choose to move elsewhere freely?

01:53:35.570 --> 01:53:40.430
Andrea Gronow
Sister restriction that potential is caused by some equipment. Costs of managing stress.

01:53:41.180 --> 01:54:04.470
Andrea Gronow
Are there restrictions caused by the equipment like it's a being the person best interest? So does that. Does that impact outweigh the potential harm to the citizen? For example, if we're providing a chair or a shower chair that the person can't move away from is that to really promote them to be able to eat in a Safeway to maintain their posture and through gauging activities?

01:54:05.790 --> 01:54:18.980
Andrea Gronow
OK, so let's slow please. OK, So what I wrote is doing now. We're already doing lots of things to meet the principles of the Mental Capacity Act and support, independence and quality of life. With we're doing it every day.

01:54:19.620 --> 01:54:26.500
Andrea Gronow
Many of us use is we all use the strength based approach, but many of us it's a more formal strength based approach. North Ora tears.

01:54:27.080 --> 01:54:29.240
Andrea Gronow
RIT assessments are proportionate.

01:54:30.530 --> 01:54:42.730
Andrea Gronow
And if you're using, whether it be in OT assessment or a connection assessment, it's usually in the strength based way to meet what that person's goals names are. And to be least restrictive.

01:54:43.440 --> 01:55:02.250
Andrea Gronow
We should all be considered completing the capacity assessments following the Mental Capacity Act 2005 and we should all have our own risk assessment tools and policy documents within organisations. We all complete. Risk assessments are part of the work we do with our interventions attached to our assessments.

01:55:03.180 --> 01:55:20.360
Andrea Gronow
I wish dolbeare and what we are doing now is clearly documents in our clinical reasoning, inclusive full explanations of what we're doing and explanation of the capacity assessments and any rationale to justify why the actions we take are we consider to be in that citizens best interests.

01:55:20.960 --> 01:55:26.270
Andrea Gronow
I wish you'd also be identifying cases that potentially require that greater scrutiny and regular review.

01:55:27.880 --> 01:55:29.070
Andrea Gronow
Next slide please Shelley.

01:55:29.730 --> 01:55:32.240
Andrea Gronow
OK so so go back through equipment.

01:55:32.840 --> 01:56:03.050
Andrea Gronow
Provisioned silicon OT intervention, so OTS recommend all types of equipments and adaptations including the complex tilt in space seating or shower chairs. Often such that people can't stand up for themselves and independently and move in and out of some prescription of these items. It's often for promoting that safe function to maintain suitable posture for essential activities of daily living, but sometimes that the nature of that.

01:56:03.130 --> 01:56:07.850
Andrea Gronow
Equipment is upset, can make it difficult so they can't just walk up, get up and walk away.

01:56:08.500 --> 01:56:14.300
Andrea Gronow
And often they can't communicate with us about not being able to do that and ask us if they could move.

01:56:16.390 --> 01:56:24.680
Andrea Gronow
OK, so we need to think about that least restrictive option and consider involving that citizen as much as we can to participate in that assessment.

01:56:26.080 --> 01:56:27.190
Andrea Gronow
Next slide, please.

01:56:28.730 --> 01:56:59.080
Andrea Gronow
OK, so the the Royal College of Occupational Therapy therapy and tells us really about equipment that's required for care has the potential to do private person of Delhi. Pretty so when it it's caused to restrict freedom of movement. For example cut sides, pressure mats, alarms, tilt in space chairs and laptops but also withholding necessary equipment can also contribute to add a provision of liberty. That's really interesting point. We need to think about that. That total aspect of.

01:56:59.140 --> 01:57:00.970
Andrea Gronow
Thought best interest for that person.

01:57:04.840 --> 01:57:19.730
Andrea Gronow
OK, OK so we met Lillian earlier on in the presentation and she was introduced to us by Vicky and Debbie and I thought it might be interesting to to link Lillian to to some OT perspectives in terms of our PS.

01:57:20.950 --> 01:57:25.080
Andrea Gronow
So as we said, we'd met Lillian and social worker Katie earlier on.

01:57:25.740 --> 01:57:35.510
Andrea Gronow
And Katie being considering reports from the therapy team at the hospital. And she thought, well, I'm ready versus social care OT to visit Lillian at home after that period of rest bite.

01:57:36.540 --> 01:57:47.310
Andrea Gronow
And taking into account the broad spectrum of dementia, this esmat needed to be specific to Lillian and per person centered around her strengths and aspirations.

01:57:48.090 --> 01:58:04.880
Andrea Gronow
Not just in terms of oh Lee and has dementia. This is what we're going to consider. This is what we're going to do, so she needed to make that the specific assessment to Lillian, and that's so important because things can change and diagnosis can change and have different impacts.

01:58:05.990 --> 01:58:18.220
Andrea Gronow
So the OT identified that Lillian wasn't mobile at that time despite having some falls, and she was also very motivated to maintain her hygiene or be it with some support from Karas.

01:58:18.870 --> 01:58:21.660
Andrea Gronow
Because I didn't stop after so difficult for her.

01:58:22.530 --> 01:58:43.880
Andrea Gronow
So Deoti then referred for a DFG for level access shower and she was sure to include some recommendations specific to Lillian in that recommendation such as some cement dementia friendly tiles, non slip flooring, Acorda toilet seat and a shower that would cut off in the event that Lillian worser fall in the shower.

01:58:44.550 --> 01:58:59.060
Andrea Gronow
And also Add all up could be accessed in an emergency from the other side. So all of these these things were promoting that independence as long as possible, but making sure that Lillie will be kept as safe as possible as well.

01:58:59.880 --> 01:59:23.990
Andrea Gronow
Yeah, she also observed that Lily was having some difficulty in standing from her chair and sushi considered a riser chair. But she she she also reflected at based upon Lillian changing needs. It was also for this to be reviewed regularly as if she would no longer able to operate the controls. She may become trapped in in that chair and restricting her ability to move so that needed to be.

01:59:24.410 --> 01:59:27.110
Andrea Gronow
Uh, flagged it for more regular review.

01:59:28.470 --> 01:59:29.430
Andrea Gronow
OK, let's try please.

01:59:30.560 --> 02:00:00.930
Andrea Gronow
OK, so yeah, we've we've already touched on this before in early presentations and the changes in the LPS the the key assessments that will form the basis of it. There's going to be greater involvements for families. This kids going to extend it to 16 and 17 year olds and that will also impacts a lot of a social care. OTS that do assess for children and adults so it's some areas to consider really in terms of equipment such as beds and specialist chairs.

02:00:01.680 --> 02:00:06.010
Andrea Gronow
And so that's just a few hours. Just to recap on that further consideration.

02:00:07.300 --> 02:00:07.710
Andrea Gronow
K.

02:00:09.950 --> 02:00:39.940
Andrea Gronow
OK, so really, just to reiterate, really, you know, I know that a lot of OTS and from communication with the localities that in three communication from colleagues across the region, I don't. We don't feel that we know enough about 80s. Then we're all eagerly awaiting the codes of practice and preparing for further development of training for our OTS. We need to remember that what we do in everyday azoteas is promoting peoples independence.

02:00:40.280 --> 02:00:55.530
Andrea Gronow
In the least restrictive ways, we're working with people strengths. We completing risk assessments, reusing positive risk. Taking this won't change, so we're helping people to live not exist.

02:00:56.610 --> 02:00:57.200
Andrea Gronow
OK.

02:00:58.920 --> 02:01:19.610
Andrea Gronow
And just to conclude, there's some information and that for some some guidance and really to to say that you know for our network of varieties, we do have further work to do and the the the presentations that we've heard this morning who are really good basis for us to move forward.

02:01:20.400 --> 02:01:30.150
Andrea Gronow
But further to what my colleagues have said, we need to build up on all of that good work and we need to think we're doing this already and let's get ready for it now and think about it in a different way.

02:01:30.200 --> 02:01:31.850
Andrea Gronow
Right, OK?

02:01:33.590 --> 02:01:34.320
Andrea Gronow
OK.

02:01:35.200 --> 02:01:37.860
Andrea Gronow
So there's some fantastic comments coming through there.

02:01:38.300 --> 02:02:00.960
Andrea Gronow
And thank you everybody before we move on to our next speaker as promised, I've asked my colleagues to pick at some percents areas from the chat. So I'm going to hand over to Karen to see if there's any key points just for a few minutes before we move over to Lorraine. Thank you.

02:02:01.490 --> 02:02:21.300
Karen Nixon (RRE) MPFT
Thank you and and there was a couple for me and I think you might have touched on this already. Andrea, so one was about the UM where people and particularly young people, old people within their living their their own home and they refuse a piece of equipment or declining equipments. And where do we stand on that?

02:02:02.080 --> 02:02:02.530
Andrea Gronow
Thank you.

02:02:23.440 --> 02:02:28.820
Andrea Gronow
OK so I'm gonna need some help from some of my colleagues, Christine.

02:02:29.500 --> 02:02:33.560
Andrea Gronow
OK, thank you very much for joining in with that.

02:02:33.760 --> 02:02:41.710
Christine Conway (Adult Safeguarding)
That's OK, I think from my perspective and Lorraine might have something else to add to this and it would be based on.

02:02:42.620 --> 02:02:57.250
Christine Conway (Adult Safeguarding)
What we always work with, which is about consent about mental capacity, the ability to have that consent, uh, billeti to actually understand all the ramifications and use and waving information.

02:02:57.920 --> 02:03:10.460
Christine Conway (Adult Safeguarding)
Uh, and obviously best interests because although LPS doesn't actually mention best interest, it hasn't gone away. We still have to follow the principles of the Mental Capacity Act, and I think if we.

02:03:11.460 --> 02:03:42.080
Christine Conway (Adult Safeguarding)
If we remember that and understand, it's, it's certainly makes me feel a little bit less anxious about LPS being very new, because while it is new, it's already building on what we're already doing, and I think what we're seeing from Andrea. I'm from Nicola and from Vicky and Debbie. Is that actually? Although we're starting this journey, we're already more than halfway through this journey and now we've got everybody involved. Got all our colleagues involved. I think we're in a much better position.

02:03:42.360 --> 02:03:44.810
Christine Conway (Adult Safeguarding)
To meet LPS, a man.

02:03:45.620 --> 02:03:47.010
Christine Conway (Adult Safeguarding)
In a very prepared way.

02:03:47.320 --> 02:03:47.650
Karen Nixon (RRE) MPFT
Right?

02:03:48.340 --> 02:03:50.310
Christine Conway (Adult Safeguarding)
I don't know whether Lorraine wants to add anything.

02:03:51.350 --> 02:03:51.720
Christine Conway (Adult Safeguarding)
OK.

02:03:53.610 --> 02:03:54.140
Christine Conway (Adult Safeguarding)
Thank you.

02:03:54.650 --> 02:03:55.100
Andrea Gronow
K.

02:03:55.980 --> 02:04:21.830
Karen Nixon (RRE) MPFT
If if I can come in, I think it really builds on that positive risk taking and you know social workers and OTS do so you know. It's absolutely fantastic. I do have another question and that it might be a bit of a comment. Really, it's about that joint documentation and paperwork, and I think a colleague asked and whether we would be using the same documentation regardless if if we rotis or or social workers.

02:04:25.070 --> 02:04:30.650
Christine Conway (Adult Safeguarding)
Well, I'm could ask Lorraine again if there's anything she wants to add to this, but from my perspective.

02:04:32.730 --> 02:05:01.790
Christine Conway (Adult Safeguarding)
With West Midlands leads dolls group. We've always tried to make sure that we we standardize the paperwork as much as possible and I think going forward, although from what we can gather with LPS, we're going to have templates, not forms. Certainly from the West Midlands Dolls leads network we will actually be looking at pushing for us to have standardized documents across the West Midlands because I think that gives us.

02:05:02.370 --> 02:05:32.630
Christine Conway (Adult Safeguarding)
It gives the people we work with better understanding, because obviously if you go into a hospital, say I work in Dudley. So if you go into hospital and Sandwell, the family of that, the people who go into that hospital will get to see those forms and it will be much more helpful if then when they met, perhaps move back to Dudley where they live. The forms are very similar, if not the same, and so I think from that perspective it would be really helpful if we have standardized forms but also from the perspectives of.

02:05:32.730 --> 02:05:46.340
Christine Conway (Adult Safeguarding)
Actually, having defensible decision making and making sure that our evidence is based on legal literacy, so we all actually know what standards were actually working for, but I don't know whether nine wants to add anything to that.

02:05:43.970 --> 02:05:45.050
Karen Nixon (RRE) MPFT
Brilliant thank you.

02:05:46.730 --> 02:05:52.120
Karen Nixon (RRE) MPFT
I think that's a good answer. Excellent, thank you. If can and hand you over to my colleague now Thompson thank you.

02:05:55.970 --> 02:06:03.090
Tamsin Waterhouse
Yeah, so I've picked up some questions or or more more reflections in the chat.

02:06:03.730 --> 02:06:11.130
Tamsin Waterhouse
Uhm about Lillian. So I think I think it was great to hear for case example and to think about what that means in practice.

02:06:11.190 --> 02:06:19.650
Tamsin Waterhouse
Yes, there was some thoughts really about for process of LPS. For somebody who's in hospital.

02:06:20.320 --> 02:06:21.670
Tamsin Waterhouse
Uhm so.

02:06:23.210 --> 02:06:23.720
Tamsin Waterhouse
Uh.

02:06:24.370 --> 02:06:32.720
Tamsin Waterhouse
A couple of things which people said one was around should we as agency have stamped eisd tools and documentations to assess capacity and the reason for asking that?

02:06:32.770 --> 02:06:43.340
Tamsin Waterhouse
That is, when an adult is discharged from hospital, social workers do not always have capacity assessments, so it's there's something about tying in.

02:06:44.620 --> 02:06:59.940
Tamsin Waterhouse
Uhm, what happens in practice? There's this social X have access to this capacity assessments and then someone else was also asking about sort of. When do we start the LPS work for someone in the hospital bed? How does that fit in with discharge to assess guidance?

02:07:00.560 --> 02:07:01.130
Tamsin Waterhouse
Uhm?

02:07:02.360 --> 02:07:05.100
Tamsin Waterhouse
I don't if I if if you want to respond to that.

02:07:05.730 --> 02:07:08.160
Tamsin Waterhouse
But it's it's food for thoughts.

02:07:10.610 --> 02:07:15.960
Christine Conway (Adult Safeguarding)
I could respond, but I'm wondering whether Lorraine knows more than I do so. She says putting her hand.

02:07:16.890 --> 02:07:27.470
Lorraine Currie
I don't wanna claim to know more than you. Christine and I think it's an interesting question. I think if we're thinking that hospitals will be doing the LPS 4 people in hospital.

02:07:27.960 --> 02:07:57.890
Lorraine Currie
I am assuming that they've got enough time to do that, and we look at that. Some of those implications on my slides, I think, but and if LP, if the hospital staff had already done an LPS authorization for Lillian while she was in hospital, then they're interesting questions about whether and how relevant some of that information is for the social worker then so look at the LPS authorization, 'cause it will have to be done. Again, it isn't portable, it won't come home with her despite

02:07:58.180 --> 02:08:28.990
Lorraine Currie
may have been sold in the beginning. That isn't true, so we will have to do it again, but whether we've got any collaboration in using the same assessment, but of course the very different decision having capacity to consent to arrangements in hospital then having capacity to consent to arrangements at home. So I, I think inevitably you've got two processes and the there may be some overlap in some of the the the work in there, but it's still to process it so I don't know if that answers the question.

02:08:30.200 --> 02:08:42.590
Tamsin Waterhouse
I think it was more of a reflection and and and it sort of highlights. Together, these discussions highlight things which we need to be thinking about, don't they? So and then the other one was around the emperor.

02:08:43.520 --> 02:08:45.880
Tamsin Waterhouse
Uhm and UM?

02:08:46.820 --> 02:09:01.660
Tamsin Waterhouse
Somebody said, you know would would Lillian son not be the appropriate person for VM picker rather than rather than incur but bringing up the input. You know how differ Care Act advocates and liencres work together.

02:09:02.140 --> 02:09:02.770
Tamsin Waterhouse
Uhm?

02:09:04.050 --> 02:09:06.530
Tamsin Waterhouse
Is is another question which has come up.

02:09:12.910 --> 02:09:15.530
Lorraine Currie
It's a question, or a or an observation.

02:09:15.590 --> 02:09:19.970
Tamsin Waterhouse
It's it's. It's not like it's not think about.

02:09:17.610 --> 02:09:45.910
Lorraine Currie
It's there. I mean, I think if if Hillary is still and she might want to contribute. Yeah, I think we would be looking at, you know, Care Act advocates being EE or qualified and so you might be looking at at that overlap there. Obviously the incarose distinct, but it may be that they will the use of appropriate person spans. Both Care Act and LPS but but Hillary will comment on that. I think you slept.

02:09:21.520 --> 02:09:21.810
Hilary Paxton
I I.

02:09:22.490 --> 02:09:23.610
Hilary Paxton
Do you want me to come in?

02:09:33.410 --> 02:09:33.620
Hilary Paxton
Yeah.

02:09:44.960 --> 02:10:14.590
Hilary Paxton
Yeah, it's just an interesting thing. We are looking at conversion for inkers into the new process, but we are also looking at where do we get all the name 'cause from that we're going to need and so with the advocacy sector, we're also looking at what training would Care Act advocate need if they wish to add IMCA to their bow. And it's a little bit like what would a children's advocate need to do if they wanted to add in cut to their bow because actually.

02:10:15.000 --> 02:10:44.620
Hilary Paxton
They I don't know how much you know about the qualification friend advocates, but it recently changed, so the previous IMCO qualification, the national Independent advocacy qualification, expired in December, and a new version was launched in January. So you can now do both Care Act and IMCA training as part of the same course. You add two optional modules on instead of just one. So people who are going through that new national qualification will be able to qualify as both. And indeed, there, uh.

02:10:44.920 --> 02:11:15.140
Hilary Paxton
Many people who do IMCO work already do Care Act work, but it isn't necessarily true the other way round. So if you've not got the IMCO qualification, you may not have all of the knowledge about the mental capacity stuff, so, but I would say an awful lot of Care Act advocates have been working with people who lack capacity as well. They've just been doing it under a Care Act framework, so, so I I would say that the mood seems to be to encourage a single advocate rather than the person.

02:11:15.190 --> 02:11:45.180
Hilary Paxton
Having to have two separate people advocating for them and different decisions, and that that's better for the person. And this is about being person centered, so I think we're we're still looking at it, but we're trying to find ways to streamline it to enable someone to have a single advocate who can cover a Care Act issues and Mental Capacity Act issues. And I think it's probably less likely that somebody would also be an impact. So what you might have is somebody who's in her and Care Act advocate.

02:11:45.360 --> 02:11:58.570
Hilary Paxton
Or someone who zemke and Care Act, advocate, or incur, and children's advocate. But it's just about how many specialisms you keep in your in your you know I mean ish and pack. What's the thing tools in your in your?

02:11:58.340 --> 02:11:59.410
Tamsin Waterhouse
Full box, yeah.

02:11:58.930 --> 02:11:59.480
Andrea Gronow
It's OK.

02:11:59.300 --> 02:12:11.220
Hilary Paxton
Thank you so so I think it's about being person centered and trying to find the best way, but it's an important question to ask 'cause you don't want to have to tell you story to somebody else again. If you don't need to, yeah.

02:11:59.370 --> 02:11:59.980
Christine Conway (Adult Safeguarding)
2 bucks.

02:12:13.300 --> 02:12:17.400
Tamsin Waterhouse
And just for me, Hillary, where are we going to get all these inkers from?

02:12:18.700 --> 02:12:27.970
Hilary Paxton
I'm I don't know. I mean, at the moment we've got enough problems trying to get amps, haven't we? And we're going to have to try and get a MCPS, I think.

02:12:29.800 --> 02:12:58.800
Hilary Paxton
Local government would hope that the government will provide some implementation funding and for the case of inkers we would hope that there would be ongoing new funding because we believe it's a new burden because there's a a greater number of M 'cause required. So I think councils are going to need to put some money in and I think that advocacy organizations are going to need to do some massive, you know, sort of attracting new new people. But I think some are. PR's may be interested to qualify.

02:12:59.460 --> 02:13:06.920
Hilary Paxton
And if they're not already incurred, qualified, and some other advocates may be interested, but I think we're going to need to attract even more so.

02:13:06.980 --> 02:13:13.840
Hilary Paxton
Umm, I don't have the answer for it. I think we just need it's part of our social care workforce that we need to expand.

02:13:14.610 --> 02:13:15.100
Hilary Paxton
Uhm?

02:13:16.380 --> 02:13:16.760
Hilary Paxton
Yeah.

02:13:17.150 --> 02:13:17.570
Tamsin Waterhouse
Thank you.

02:13:19.140 --> 02:13:35.470
Andrea Gronow
OK, thank you everybody. Some really really good questions and comments and thoughts and so now that brings us onto the final part of this morning and I'd like to introduce our second keynote speaker, Lorraine Currie. Welcome and thank you.

02:13:36.140 --> 02:13:43.090
Andrea Gronow
And so, without further ado, I'm going to pass over to yourself. Thank you very much and welcome again.

02:13:43.560 --> 02:13:52.530
Lorraine Currie
Thanks and can it be really awkward and ask Shelley if you can put the slides on slide show rather than how we've got them?

02:13:53.570 --> 02:13:54.200
Lorraine Currie
Uhm?

02:13:56.510 --> 02:14:03.200
Lorraine Currie
So I don't know if you can hear me, so if you could just click slideshow at the top and then from current slide.

02:14:04.270 --> 02:14:34.270
Lorraine Currie
Not from beginning yeah brilliant. OK thanks. Just makes it a little bit easier to see in a bit bigger and my eyes. Oh, and it's two different color. Might my eyes are not great. So welcome, I've got the job of trying to say something different than everybody's already said and you've heard brilliant contributions from everyone, so it's been really, really good so far and so yeah, I'm going to try and talk about implementing LPS in the West Midlands so next slide please.

02:14:34.980 --> 02:14:51.180
Lorraine Currie
So really, I'm just going to kind of start by sharing something about with a West Midlands picture. What it looks like some kind of figures and things to come. Help you think about the scale of this and then some meaning behind those figures. Rarely so next slide please.

02:14:52.900 --> 02:15:26.310
Lorraine Currie
So what we do have in the West Midlands and not every region is the same. We do have a really vibrant dolls leads group. I certainly don't think I could do my job without them and I think they all feel the same even if it's just a place to picture up every two months and say oh it's really horrible, isn't it? And everybody says, yeah, it's really horrible here too. And that there you go and it's just so so valuable to have that group. And it has been a really proactive group since 2009, so we've never stopped being a regional group.

02:15:26.670 --> 02:16:01.610
Lorraine Currie
We've produced guides and practice innovations. We reviewed the dolls forms before the National Review and we had West Midlands wide forms. We do audits of practice across the regions or peer audit where we might look at one form so form one and we share that between the 14 Councils. Then we feedback our findings and that informs our training for the West Midlands Bia's. We do annual update training for our Bia's and our doctors and as I say we try and base that on what they audit. Findings where our strength.

02:16:01.660 --> 02:16:13.950
Lorraine Currie
It's where our weaknesses are or are challenges, should I say, and we've done one off events or on an ongoing basis for Bia's on things like capacity in brain injury, dementia, medication.

02:16:14.720 --> 02:16:29.030
Lorraine Currie
And report writing. So we benefit from, you know, everybody puts a pound in the part and then we've got £14.00 rather than than a pound. And so that's so. That's the way we've worked, and it's a brilliant, brilliant, supportive group. Next slide, please.

02:16:30.590 --> 02:17:02.470
Lorraine Currie
So what have we got in terms of dollars across the region? So if we look at the year 2021, we had 21. I know we didn't. We had 28,155 applications across the region and it it. If you look at these, each councils named the only reason Shropshire's at the top is that I had to put in a Council to to bring up the comparisons. So what's interesting about 28,155 applications is that the original impacts assessment for dolls.

02:17:02.720 --> 02:17:25.470
Lorraine Currie
Said that nationally we would have 20,000 applications at the height, but by the level playing field, which I think was around 2012, it would have dropped to 8000 a year on going. So you can see that we've beat that just in the West Midlands. Not that that's a great thing to have done to have beaten it, but it just shows the scale of the increase. Next slide, please.

02:17:27.340 --> 02:17:38.710
Lorraine Currie
We actually managed to process 28,000 and 55 applications across the region, so that's pretty good going. Given that this last year was a year of challenge in many ways.

02:17:39.860 --> 02:17:54.310
Lorraine Currie
So actually, without a backlog we probably completing what we're getting in, but there are some other nuances in that which I'll just pick out. I decided to blind you with science here, as opposed to everything that everyone else has done. Next slide, please.

02:17:55.620 --> 02:18:11.040
Lorraine Currie
So the backlog in the region is 12,575, and although that's a number, everyone in that number is a person, and and I know you don't forget that which really important that we don't forget that next slide please.

02:18:12.140 --> 02:18:41.800
Lorraine Currie
So what do back logs logs look like across all the regions? Oh till they've you just press the arrow again? I think I've lost half of my own. That funny red thing. There is an arrow anyway. Uh, squiggly arrow, but it's pointing to the West Midlands so you can see what backlogs look like in other part in the other regions around. And we're about average maybe just slightly above average in the numbers of people in our backlog.

02:18:42.600 --> 02:18:44.370
Lorraine Currie
OK, next slide please.

02:18:46.930 --> 02:19:08.260
Lorraine Currie
So again, I've got slides that just after move on very quickly and or somebody said we've got a lot of slides to get through, but mine are kinda really just illustrations largely so in terms of those numbers. I'm going to try and encourage. You don't panic because there are some things that we can do, and there are some positives around those numbers as well. Next slide, please.

02:19:09.960 --> 02:19:39.780
Lorraine Currie
So this is a a picture sort of across the whole West Midlands. Again, it's the numbers in a of applications for each Council and the numbers that were granted and not granted and just before I go on to look at the impact to that, that that is a technical phrase not granted. So it means that actually because of some circumstances we were not able to grant that authorization, so it doesn't mean there weren't looked at. It means that there were looked at.

02:19:39.840 --> 02:19:45.040
Lorraine Currie
And not granted as an action. OK, and there were 16,000.

02:19:45.830 --> 02:20:06.770
Lorraine Currie
That were not granted as opposed to 12,000 that were granted so that we move on to the next slide. And this is the figure that I just want to look at for a minute. What were those 16,105 applications about and why were they then not granted next slide?

02:20:08.550 --> 02:20:38.370
Lorraine Currie
So if we interrogate them a little bit, there were 16,000 not granted off. Those 16,410 people didn't might meet the criteria, and to me that's the real figure in the pre gesture West days we only really had a few not granted and they were people who were assessed and didn't meet the criteria. OK, so those 410 people have been assessed.

02:20:38.620 --> 02:21:02.030
Lorraine Currie
And they either had capacity or they weren't being deprived of liberty, or they didn't have a mental disorder, but by the process of assessment, the outcome was that the dolls was not granted. Then we've got another large number there, which is almost 10,000 people. And the reason that they were not granted is that they're gone before we could get to them.

02:21:03.030 --> 02:21:06.680
Lorraine Currie
And I'll explain a little bit more about where they were likely to have been.

02:21:07.350 --> 02:21:13.160
Lorraine Currie
And then at the bottom there you've got 5630 people who died.

02:21:14.520 --> 02:21:15.920
Lorraine Currie
Next slide, please.

02:21:17.140 --> 02:21:26.050
Lorraine Currie
So these are 5630 people who died while they were waiting for their dolls to be looked at.

02:21:26.910 --> 02:21:44.440
Lorraine Currie
These people died without anyone having independent scrutiny of their circumstances without any liberty protection measures, and they were in circumstances which may or may not have been a deprivation of liberty. We don't know, because we didn't get to them.

02:21:45.080 --> 02:21:48.210
Lorraine Currie
And we didn't get to them because of the pressure of numbers largely.

02:21:49.550 --> 02:21:58.160
Lorraine Currie
Then we had the 10,000 people, almost the majority of these people will have been in acute hospitals.

02:21:58.880 --> 02:22:00.150
Lorraine Currie
Next slide, please.

02:22:01.220 --> 02:22:11.190
Lorraine Currie
So again, here you've got the numbers that we received across the region in acute hospitals were 6805.

02:22:11.820 --> 02:22:20.820
Lorraine Currie
And 360 of those were granted in 6000 weren't. So just again, take a minute to just think about that.

02:22:21.610 --> 02:22:50.130
Lorraine Currie
6050 of the acute hospital request that we received were not able to be granted because we didn't process them before they went home and they were discharged and what this tells me is dolls doesn't work for acute hospitals and so how much better we can hope that LPS will be when the acute hospitals will be doing their own. Might be a controversial idea, but they won't be coming to us.

02:22:50.960 --> 02:23:03.910
Lorraine Currie
And hopefully they'll be able to be processed in time while the person is an impatient. But the important thing for us in local authorities is this 6050 next slide, please.

02:23:05.020 --> 02:23:36.970
Lorraine Currie
Because that's 6050 represents work, something doesn't get not granted, just very easily. First of all, we've had to put it on the system and do all of the kind of technological stuff that we are really enjoy by adding that, and it may be admin, but it's time that people are spending doing that. Then we have to hope that we get informed by the hospital that the person has either died or been discharged, and then we have to actually go through a technical process of not granting.

02:23:37.350 --> 02:23:59.000
Lorraine Currie
This has a Form 6. It has to be filled in with the reason why it's not granted. It has to be signed and if it's appropriate, which it often isn't, it sent out to the person, so 6050 cases that involve work for absolutely no benefit to the person because they've gone home. Next slide, please.

02:24:00.220 --> 02:24:33.840
Lorraine Currie
So I hope that I'm making a case here for it's not all negative because when we're looking at our dolls when we're doing the things that everybody else has talked about today, when we're scoping our numbers, we do not need to include acute hospitals unless they're independent. In the future, we won't be looking at these in local authorities. We don't need to include mental health establishments unless they're independent. We don't need to include the 100% CHC funded cases.

02:24:34.260 --> 02:25:04.990
Lorraine Currie
We don't need to include the large fees we pay our section 12 doctors and we don't need to include paid our PR. Of course it will be replaced by something else, but it's something that can go. We will retain our care homes with nursing. With residential we will retain renewals. We will, of course, retain UM renewals that are ours so we won't retain renewals where they're in hospitals or CHC funded.

02:25:05.140 --> 02:25:07.930
Lorraine Currie
And we will retain the Inca provision.

02:25:10.840 --> 02:25:11.200
Lorraine Currie
Yeah.

02:25:11.810 --> 02:25:42.070
Lorraine Currie
I'm sorry, just reading the comments. It's hard not to, isn't it? When they pop up and then we will be adding 16 and 17 year olds in all settings, community packages from the age of 16. Some costs that we can expect for medical reports and a wider rim could provision so somethings goin, something staying and some things being added and and some of the the math sit around. Are we adding more than we're taking away? Possibly not. I don't fully know. Yeah and I don't really want to give an answer to that.

02:25:42.240 --> 02:25:43.570
Lorraine Currie
Will be different for everyone.

02:25:44.250 --> 02:25:45.620
Lorraine Currie
Next slide, please.

02:25:46.870 --> 02:25:56.750
Lorraine Currie
So we also need to work out other things that we can deduct. So we've currently got a lot of time that our authorizes spend, which may be reduced or different.

02:25:57.730 --> 02:26:28.590
Lorraine Currie
We've currently got an annual rate of renewal of dolls which some of those are going to go to three years. We've also got the fact that currently assessments are not time at a time limited, but they won't be in the future of LPS. We've also got the fact that assessments in LPS and not automatically required on renewal. We may be able to renew without assessment. These are all things we can deduct from our current spend of time.

02:26:28.890 --> 02:26:59.760
Lorraine Currie
And we've got the costs of core applications for Community dollar orders, possibly also other core applications like inherent jurisdiction. But then we're retaining some of the process for review and authorization. To some extent. It mirrors authorizes time. We've also got timescales for admin and paperwork, and we possibly may need to retain some section 12 doctors. I still personally think there might be a time when we want something.

02:26:59.820 --> 02:27:07.130
Lorraine Currie
Now and we may need to go to a section 12 Dr and say, can you just go and do it? I haven't got time to wait for it to come in.

02:27:07.970 --> 02:27:19.680
Lorraine Currie
And then what I had in the MCP function and the pre authorization reviewer function. So again some things are going. Some things are staying and some things in new next slide please.

02:27:21.400 --> 02:27:21.860
Lorraine Currie
So.

02:27:24.000 --> 02:27:32.040
Lorraine Currie
I want to then talk a little bit about the elephant or elephants in the room. I think there are probably 2 elephants in the room. One is the workforce.

02:27:32.730 --> 02:27:34.170
Lorraine Currie
And the other is the backlog.

02:27:34.830 --> 02:27:42.200
Lorraine Currie
So I'm gonna say a little bit about both of those, and I can't remember which comes first. I think it's the backlog. Yes, the backlog.

02:27:44.310 --> 02:27:50.320
Lorraine Currie
So anybody who knows me raise me rant on knows. I don't really like the phrase the the backlog.

02:27:51.200 --> 02:28:21.760
Lorraine Currie
I think it's only roney's phrase. I think it's misleading on on on helpful. I think that what our backlog is is just work that we haven't completed on the 31st of March each year when the data is submitted and if we give it this name the backlog, it just suggests it's one thing it's all the same everybody in the backlog is the same and uhm it and then. Therefore we just need to find one simple solution and we can get rid of it. And the important thing is that the backlog is a group of people.

02:28:22.140 --> 02:28:32.570
Lorraine Currie
And and we had that figure earlier of the backlog 12,000 in the West Midlands. Every one of those people are people waiting for their rights to be upheld.

02:28:33.370 --> 02:28:38.340
Lorraine Currie
So let's have a little bit more about look at what the backlog might be.

02:28:39.030 --> 02:28:39.940
Lorraine Currie
Next slide, please.

02:28:40.000 --> 02:29:10.740
Lorraine Currie
This so without blinding with science, it can be a range of things. We might have a new request for a dull. We might have a request for a renewal that's not yet been processed. They're two different pieces of work. We might actually have cases that are out with assessors 9/10 of the way finished, but just not finished on the 31st of March. We might have cases that sit with authorizes and they're just not finished on the 31st of March, so we might have a new case came in on the 30th.

02:29:11.010 --> 02:29:19.860
Lorraine Currie
And then we might have a case that's been waiting for a year or so. I don't like the word case, but it so sorry for using it, but.

02:29:20.690 --> 02:29:50.820
Lorraine Currie
It kind of sticks with them as being pieces of work waiting to be allocated. We might have some pieces of work there that have been screened as green and low priority and are just waiting and we might have some that are very high priority. We might have people that present in that 12,000 list where actually they've died are moved and nobody told us by the 31st. So my point really being it's not one thing. It's not an easy thing and DHSC have got no plans.

02:29:50.870 --> 02:29:53.320
Lorraine Currie
To fund councils to remove the backlogs.

02:29:54.040 --> 02:30:13.960
Lorraine Currie
Next slide please. So every case in the backlog represents a person waiting for their rights. I've made the point that over 5000 died, waiting, and even though the name suggests otherwise, dolls still protects against arbitrary detention. It is a liberty protection measure.

02:30:14.630 --> 02:30:36.580
Lorraine Currie
So we need to be getting to it now and quality is important, but sometimes there's a balance to be found in in just making sure that assessments are good enough, because every time we spend processing one persons dolls there are another, however many waiting who have no protection for their rights at all.

02:30:37.260 --> 02:30:38.680
Lorraine Currie
Next slide, please.

02:30:39.900 --> 02:31:10.630
Lorraine Currie
So it's important to know your backlog. No, the content of it. How many are your details up-to-date? Chasing the numbers of those people have died, discharged or being moved on? How many of these waiting are in acute hospitals? How many SCHC funded? Because that's going to help you when you're looking at what LPS is going to look like. How many are blocked at some point in your system? It's very useful to break it down. Where are they?

02:31:10.930 --> 02:31:21.300
Lorraine Currie
Are there with assessors is the problem or the challenge with assessors or not having enough assessors or assessors taking too long and being over Thera?

02:31:22.200 --> 02:31:53.400
Lorraine Currie
Is the challenge with authorizes or who again are agreeing to the role, but it's in the tray because they find that they've got to do it after work, 'cause there just isn't time. Can we help to speed up that process for them? Is the challenge with admin and mine or move at different times of the year, so we might find that the authorizations are done but actually admin haven't updated the system. So if the the data is wrong for NHS digital it might look like I've got a bigger.

02:31:53.500 --> 02:32:01.260
Lorraine Currie
Backlog then I have sometimes the challenges without men sending out letters or sending out farms. Farm fives.

02:32:02.270 --> 02:32:32.230
Lorraine Currie
And then you really do need to consider the risks and benefits of removing versus not removing the backlog. And again and all that is a challenging idea and councils are approaching it differently, which is as I understand it, why DHSC won't fund removing the backlog because some councils don't have any, so therefore if they can do it, why can't wait? And I I don't necessarily agree with that argument, but I can see it. It is an argument, so I think we have to consider.

02:32:32.290 --> 02:33:01.740
Lorraine Currie
Individually in our councils, the risks and the benefits of removing and investing in removing the backlog when we don't yet know when LPS is going to be arriving, and so we have to consider the impact on our renewals if implementation is delayed and many of us here have invested in a backlog project, removed the backlog only to then find ourselves with three times as many renewals the next year.

02:33:02.400 --> 02:33:08.040
Lorraine Currie
Which we then count process so it becomes a sort of vicious cycle really.

02:33:09.140 --> 02:33:40.370
Lorraine Currie
OK, so that's something about the backlog, so we do need to have a plan. And actually the plan is keep doing it until somebody tells you to stop. Keep processing dolls requests. The more we process now to state the obvious, the less there are to hand over either to our colleagues in other responsible bodies or to our frontline social work teams. To start with, a clean slate would be brilliant. Utilize proportionate measures.

02:33:40.780 --> 02:34:06.010
Lorraine Currie
Utilize things like the three be shorter process for renewals. Use six equivalent assessments wherever you can find them, and do a lot of deciding about what is good enough. Identifying submit community dial requests speedily from age 16 because once these are at Kaur we don't need to worry. We don't need to worry about being sued, that is.

02:34:06.940 --> 02:34:37.030
Lorraine Currie
Or about their protection, have a robust process to screen for Community doll priority and then be looking at cases which are not going to be hours in the future. I'm keeping a list with our CHC colleagues of how many dolls, as THC funded, so they know what's coming back to them. And my next step is to try and do that month by month so they now need to know when it's coming back to them and keeping account with this ratio as we go along to help.

02:34:37.100 --> 02:34:39.260
Lorraine Currie
With scoping and planning.

02:34:40.370 --> 02:35:04.090
Lorraine Currie
Next slide, please. OK so in visual form this is essentially the dolls challenge. If Shelley compress for the next one so the dolls challenge looks like this. We've got a whole load of potatoes to peel, or we've got a whole load of authorizations to process. And this effect, Shelley presses again is the LPS solution.

02:35:06.690 --> 02:35:16.750
Lorraine Currie
So instead of having one person peeling them, we've got a whole load of people peeling them. So. So that's LPS, and I think there's probably another button if you press it, Shelley.

02:35:17.040 --> 02:35:47.620
Lorraine Currie
And that's LPS in a nutshell, really, the idea is to move from specialist assessors to the wider social care workforce and that's that's it. In a nutshell, rather than a specialist team doing it, it's going to be built in to what everyone else does, and so it's going to the workforce. You know we can do, we can say and try our hardest to reduce the impact on frontline social workers, but it's coming their way.

02:35:47.710 --> 02:35:58.700
Lorraine Currie
OT is nurses social workers. This is now coming your way. So we've got to look at the workforce in as much detail as we can.

02:35:59.790 --> 02:36:01.220
Lorraine Currie
Next slide, please.

02:36:02.230 --> 02:36:31.720
Lorraine Currie
So we need to know our workforce. We need to know how many Bia's we've got. We need to know how many days need to convert to MCPS. Whether there's a question about them wanting to or not, I don't know. Do they want to done a lot of work with Bia's and a lot of them are on the fence, they're not yet or persuaded about the MCP? Roll it because it's not an assessment roll, it's a quality assurance and a review role.

02:36:31.980 --> 02:37:02.430
Lorraine Currie
They're not all persuaded that they like this role, and it's going to involve us in placing them at risk, potentially of redundancy, because the change is a very significant change to their role, not that there will be made redundant, but that's the sort of statutory process we have to go through because their job is significantly changing. How many qualified social workers and altise, if we got it's likely these assessments will be registered professionals.

02:37:02.750 --> 02:37:12.240
Lorraine Currie
So how many if we got if like Shropshire you rely heavily on non qualified social care staff to support the work we do? That's going to be a challenge.

02:37:13.300 --> 02:37:29.900
Lorraine Currie
How many staff have we got to do? The pre authorization review role and what we're going to do with our current authorizes. Keep them not keep them so on so there's a lot of work to do in calculating our existing workforce and our additional staff required.

02:37:30.560 --> 02:37:58.630
Lorraine Currie
And yes, sorry visuals looking too scary. I'm sorry that's this is my daughter's artwork, so I used to these two slides with her permission. Goodness only knows what originally that was meant to say, but it's something about tools that that's what it said to me. It doesn't always speak to people in the same way and then, what's the standard of MCA knowledge in your workforce? What does your training plan look like? Next slide please.

02:38:01.200 --> 02:38:26.630
Lorraine Currie
And then equip your workforce. I think uh, lots been said about this already. We've emphasized that we have a brilliant workforce and I agree with that 100%. But we need to keep their knowledge up today in assessing capacity, get in your capacity assessment the right way around, getting practitioners who understand the best interest principle and being clear when best interest decisions in needed.

02:38:27.540 --> 02:38:32.190
Lorraine Currie
Understanding, knowing and applying the definition of restrain in the MCA.

02:38:33.020 --> 02:38:47.710
Lorraine Currie
Making sure that staff now that necessity and proportionality is not new. We've been supposed to be doing it since 2007, so they need to know what's needed now and what will be no 'cause some of it presents us know and it isn't.

02:38:48.460 --> 02:38:49.860
Lorraine Currie
Next slide, please.

02:38:51.760 --> 02:39:00.880
Lorraine Currie
So we're here. Now we're planning the journey and we're heading somewhere else by 2022, and then I added ish to the end of that.

02:39:02.140 --> 02:39:03.260
Lorraine Currie
Next slide, please.

02:39:04.280 --> 02:39:34.380
Lorraine Currie
We don't have the SAT NAV, but we do have the map so we haven't got the code. But actually if we wait for the code, it's going to be quite a long wait. It looks like and also there are things that we do need to be thinking about and can be thinking about now. The ACT is short and it's clear, and although the fine tuning and the interpretation will be in the code, equipping staff now will make the transition better for them.

02:39:34.450 --> 02:39:41.350
Lorraine Currie
Later, and it's time to reinforce the messages of the MCA in order to ease that transition.

02:39:42.430 --> 02:39:43.770
Lorraine Currie
Next slide, please.

02:39:44.870 --> 02:40:04.920
Lorraine Currie
So I've given you a kind of three piece thing here. I've put it under the heading of process personnel and pending just to make it begin with P. So process is about looking at those things to do with LPS process. Uh, lots already been said, but about looking at the process for your organization.

02:40:05.710 --> 02:40:07.200
Lorraine Currie
Working with other.

02:40:08.550 --> 02:40:40.200
Lorraine Currie
Sorry I'm trying not to read the chat at working with other responsible bodies linking with your existing adult social care processes. Thinking about the new templates, the new minimum data set, the greater in could demand the process for self funders. And then we'll align that with the Code of Practice and the training information when it comes out. Personnel have already talked about, but making sure that your staff can identify deprivation of liberty if you do nothing else while you're waiting.

02:40:40.320 --> 02:40:53.410
Lorraine Currie
You could focus on that pending this is the backlog or the pending cases, and I've talked about things you can be doing there to analyze and to be looking at those next slide please.

02:40:55.050 --> 02:41:12.580
Lorraine Currie
So this is really all about laying the foundations and they are my actual foundations from my actual extension that's just been built, so keep laying the foundations. We can't ever do too much calmer around MCA. Next slide, please.

02:41:15.020 --> 02:41:46.050
Lorraine Currie
So foundations to mayor around liberty and rights. It's about being able to say that I can live life my way and achieve the outcomes that matter to me. And this is about what you all do and you've all just said and sent them on in saying you do strength based practice rights based practice. Person base centered practice, human rights bill on the MCAT, win Principles of Autonomy and protection, and supported decision making their their foundations.

02:41:46.370 --> 02:41:47.740
Lorraine Currie
Next slide, please.

02:41:49.000 --> 02:42:18.480
Lorraine Currie
So when will you know that you're ready to go when you understand and they reply in all parts of the mental Capacity Amendment Act when you understand and have operationalized your responsibilities, you'll have adequate numbers of a MCPS, identified, trained, and approved. You'll have incurred Commission for LPS. You'll have an operational system and admin system and IT system, and then last slide and got to say.

02:42:18.990 --> 02:42:32.860
Lorraine Currie
Your dolls team will look like this sometime in the future 'cause no one will bring in that phone number or contacting us because it will be out in the work for us where it more most properly sets.

02:42:33.820 --> 02:42:55.110
Lorraine Currie
So the whole permitting time there and I lost track. I'm not sure if I started early I I think I was supposed to. I think I'm about right. OK, so I'm happy to take any questions I've been desperately trying to read them in the chat, but I'll I'll take any questions that I'm allowed to do that I've got time for.

02:42:55.630 --> 02:43:00.110
Andrea Gronow
Thank you very much, Lorraine. That was a really excellent.

02:43:01.190 --> 02:43:31.540
Andrea Gronow
Final presentation for the morning and I think it sums up everything so beautifully it captures. It captures not just about demands about the way we need to plan about implications for the workforce, about getting ready and again reinforces we doing things now aren't we? And it's about, you know, getting smarter in getting ready for what's coming down the line and I'm really going to take that away, especially with the OT.

02:43:31.590 --> 02:43:39.200
Andrea Gronow
Free chat as an 80 lead so that that's just excellent. I think it's some setup you Smithson. Fantastic points and excellent visuals.

02:43:40.380 --> 02:43:42.900
Andrea Gronow
Emma colleagues, I've been very.

02:43:44.450 --> 02:44:09.360
Andrea Gronow
Very diligently monitoring the chat so I'm gonna hand over to 1st Karen to pick out some queries. I do see a hand so I'm asking that person that that's gotta hand if they could just drop their question in the chat in order for our colleagues to monitor that. So thanks again. So the rain and over to you Karen, for some of the questions and comments.

02:44:09.930 --> 02:44:21.140
Karen Nixon (RRE) MPFT
Thank you, I've just got one question and it sort of picks up on it. A couple of comments really and that's about, uh, accessing partnership. Working using.

02:44:22.600 --> 02:44:41.910
Karen Nixon (RRE) MPFT
And sort of integrated care records. So for me we we talk about developing that partnership, working and sharing practice, but is there anything that sits around the edges of LPS where we're building on communication to members of the public or building awareness outside of the organizational sort of environment?

02:44:43.080 --> 02:45:14.670
Lorraine Currie
Yeah, I mean, uh, if I've understood your question, what one of the things that that we did early on as a group of responsible bodies in Shropshire is went through the ACT and we looked at everything. It said that the responsible body had to do, and we turn that into a table and then we looked at how many of those things do we really want to do on our own and how many does it make sense to do together. So for example, things we haven't talked about today is that there's a requirement to publish and make available information.

02:45:15.010 --> 02:45:45.000
Lorraine Currie
And that must be accessible and we have to make sure it's understood, which is a challenge you know. And so to me, I don't want to be doing that on my own. And then the hospital doing their lot. And then the CCG doing their lot. It makes sense and we've agreed as responsible bodies that we would have a kind of working group involving people with lived experience that we would develop our publicity and then each responsible body will just take that and stick it and personalize it.

02:45:45.050 --> 02:46:15.240
Lorraine Currie
On their own website, and there's lots of shirt shared work across the patches around. What do we mean by doesn't wish to reside? Because I would like to be applying the same understanding of that in the local authority as the hospital are. And as the CCJR, I don't want people to say Oh well, they got on a MCP but but I didn't when I was in hospital, you know? So I think we're we'll be looking at places where we can have a shared guidance document.

02:46:15.430 --> 02:46:18.970
Lorraine Currie
And developing some understanding about that.

02:46:19.470 --> 02:46:31.510
Lorraine Currie
And DMCP roll again is one for your regions, your your areas to talk about. Are you all up in your own name CPS or do you see it as something that you're going to?

02:46:32.390 --> 02:46:45.110
Lorraine Currie
Put your money into the pot for and the same with IMCA. So I think there are lots and lots of of opportunities for giant working with other responsible, but is there are some things that are uniquely ours like putting your name on the.

02:46:45.790 --> 02:46:51.590
Lorraine Currie
Documentation at the end, you know, but there are lots of opportunities for for joint working, yeah?

02:46:52.140 --> 02:46:54.840
Karen Nixon (RRE) MPFT
Brilliant thank you but can hand you over to terms in.

02:46:55.640 --> 02:46:58.440
Lorraine Currie
You can always on me over to Toms in yes.

02:46:59.850 --> 02:47:25.500
Tamsin Waterhouse
Right, so I'm so that's been the chain of of comments and I'm going to just start with passing original question back to Hillary 'cause she kindly answered it. And then there's been some follow up questions. Sophie original question was would it be a conflict of interest for over social worker who placed the individual in a care home to complete the LPS assessments?

02:47:26.710 --> 02:47:32.520
Tamsin Waterhouse
And how do we do? You want to just answer that and summarize some of your responses? That's being the conversation.

02:47:39.340 --> 02:47:40.780
Tamsin Waterhouse
I think we might have lost her.

02:47:40.890 --> 02:47:49.600
Hilary Paxton
Playback is not lost me, but I'm in a noisy place. I'm no longer in the office, so I I would prefer not to because you might be able to hear me OK.

02:47:45.040 --> 02:47:45.340
Tamsin Waterhouse
Ah.

02:47:48.490 --> 02:47:48.920
Tamsin Waterhouse
OK.

02:47:51.200 --> 02:48:20.290
Lorraine Currie
So shall I pick it up so I'm sure I'm sure Hillary said that this wouldn't be a conflict. It's I mean that this is the whole preface. Our premise of LPS, that the person who is doing the character assessment, or, or whichever public duty type of assessment who's working with the person is then the person to look at their capacity to consent to those arrangements or dissent.

02:47:54.060 --> 02:47:54.540
Hilary Paxton
Yes.

02:48:21.290 --> 02:48:52.460
Lorraine Currie
With those arrangements they will be gathering together the medical evidence and they will then by uhm well, perfectly appropriately to may be having to give a reason why those arrangements are necessary and why the proportionate to prevent harm to the person. So in a way, it kind of forces the mind of the professional who's doing that work to to to stay involved and to consider those principles more thoroughly and so to do the assessments.

02:48:52.890 --> 02:49:00.730
Lorraine Currie
But the question of independence then comes at the review stage that it wouldn't then be appropriate. You wouldn't get the same person.

02:49:01.380 --> 02:49:19.060
Lorraine Currie
Doing the pre authorization review because then you would have no independence, so you've got the practitioner making the arrangements. Assessing and doing the LPS documentation, and then the independence of a pre authorization review. So I hope that was similar to what Hillary put in the chat.

02:49:20.650 --> 02:49:21.320
Tamsin Waterhouse
Yes.

02:49:25.980 --> 02:49:47.360
Tamsin Waterhouse
One one of the comments had remade in the chat is if a family member believes person should be in a care home, it could be quite difficult for them to support the person to challenge that in court, including whether the council was involved. So responsible body would need to take into account that when making the decision about the suitability of a person to be the appropriate person.

02:49:47.700 --> 02:50:17.940
Lorraine Currie
Yeah, so I think that somebody's mentioned already and maybe put in the chat about the AJC switches adults case but relates to wait when you're looking at the suitability of somebody to represent the person you really need to look at how involved they were in placing them, where they are and if they think it's in their mum's best interest to be in the care home 'cause they finally got Peace of Mind. How likely are they to challenge to support them on to challenge that to the court protection? That's something that really has to be taken into account.

02:49:47.970 --> 02:49:48.250
Tamsin Waterhouse
Uh.

02:50:18.040 --> 02:50:26.550
Lorraine Currie
And for that reason you might feel that the person should have an incorrect rather than an appropriate person.

02:50:27.490 --> 02:50:27.930
Tamsin Waterhouse
Big time.

02:50:29.470 --> 02:50:37.220
Tamsin Waterhouse
And then there was another question just about dolls, assessors. So so Bia's I suppose who in specialist teams?

02:50:38.960 --> 02:50:42.490
Tamsin Waterhouse
Will they go back into social work workforce potentially?

02:50:43.870 --> 02:50:48.560
Lorraine Currie
So that's a decision for your counsel to take about its operational model.

02:50:50.150 --> 02:51:21.250
Lorraine Currie
So certainly for me, I don't intend for RBIs to go into operational teams because we've kind of got a different. I've got different thoughts about the model, and some people may return their Bia's to operational teams. Some don't have teams FBI as some of them either rely on independence or they have rotor Bia's. There were social workers some other time and BIA some of the time. So it will depend very much on what your model is now and what you're LPS.

02:51:21.300 --> 02:51:43.190
Lorraine Currie
Operational model looks like, and it's certainly a conversation and I spent time going round all our social work teams asking them that question really, and most of them felt they wanted to keep a central resource with links to the teams but but without a doubt you need and we are likely to need more people in the workforce.

02:51:43.840 --> 02:51:46.830
Lorraine Currie
That that we're not gonna do it with what we've got, and that's for sure.

02:51:49.020 --> 02:51:49.560
Tamsin Waterhouse
Thank you.

02:51:54.200 --> 02:52:17.170
Andrea Gronow
OK, thank you to everybody. For all those really great questions, comments and thoughts and we are coming towards the end of the morning and I'd like to say once again, thank you Lorraine, for that fantastic presentation. Lots of really, really interesting points now and lots for sort of think about and some really interesting things to take away.

02:52:17.230 --> 02:52:28.070
Andrea Gronow
I would like to do now is to pass over to Andrew for the final stage is off the morning, so here we go over to you, Andrew.

02:52:28.910 --> 02:52:47.780
Errington, Andrew
Cheers, Andrea. Hello everybody, my name is Andrew Jackson Co. Chair the West Midlands idols PSW group and we're in the kind of the final leg. If today in terms of sort of closing remarks, I'm going to make a few sort of summary points in a moment, but I think I'll invite some of my colleagues Nicola.

02:52:48.500 --> 02:52:57.640
Errington, Andrew
Andrea, if you want to come back and Vicky just in terms of if they've got any closing kind of points or kind of remarks, they'd like to make.

02:52:58.230 --> 02:52:59.100
Errington, Andrew
There's Nicola.

02:53:00.270 --> 02:53:01.910
Errington, Andrew
And anything from you Nicola at this point.

02:53:02.320 --> 02:53:18.660
Nicola Hale (Childrens and Young People Safeguarding and Review)
Yeah, thanks Angie. It's been searching informative for morning and then you know probably from a children's perspective the the changes are quite daunting, but you know what I'm taking away is it? It is about no no spend a sians of of knowledge. There are things that we can be doing now to kind of scale of power.

02:53:18.720 --> 02:53:35.840
Nicola Hale (Childrens and Young People Safeguarding and Review)
Then our knowledge about the existing guidance and legislation. And there's so much expertise in the in the region, absolutely reassured that you know we will be able to come and go get all of the help and support and information that we need. So thank you to everybody who's presented today.

02:53:39.060 --> 02:53:41.280
Errington, Andrew
And Andrea, do you want to come in? And then he points?

02:53:40.790 --> 02:54:10.850
Andrea Gronow
Yeah, I got to say that I think the the gifts of teams aren't contacting each other more easily. It's really helped to sort as networks and as regions, so I I think that we've all. There's been so much information today and I know with our network that we need to to to to do it more thinking and preparation, but the the gifts of the knowledge as Nicola said in the region we can all support each other and we can all network much easier on teams.

02:54:10.990 --> 02:54:22.300
Andrea Gronow
Chat to each other and just add share knowledge and just prepare ourselves. And I think just to say what a fantastic morning. It's just been really really beneficial for us.

02:54:23.020 --> 02:54:24.180
Andrea Gronow
So yeah, thank you.

02:54:24.800 --> 02:54:25.450
Errington, Andrew
And Vicky.

02:54:31.860 --> 02:54:35.010
Vicky Handley
Make sure I got my microphone on nearly forgot there.

02:54:34.380 --> 02:54:35.660
Errington, Andrew
Yeah, you're good to go.

02:54:36.670 --> 02:54:41.750
Vicky Handley
I just wanted to reiterate that really it's just been a real pleasure to be part of.

02:54:42.440 --> 02:54:49.980
Vicky Handley
This event today and are, you know, really hope that it's seanna light on the future of safeguarding human rights, because that's what we.

02:54:50.700 --> 02:54:56.450
Vicky Handley
Wants to do and and strengthen that through liberty protection safeguards. You know, for our most vulnerable.

02:54:57.210 --> 02:55:14.880
Vicky Handley
And sector of the Community, those people who can't advocate for themselves. So just a final message. Just everybody. Just keep doing what you're doing and some a real big thank you from Debian myself for coming today and to all of you who've spent many hours organizing this event. Thanks again.

02:55:16.090 --> 02:55:45.920
Errington, Andrew
OK, so yeah, certainly to kind of mirror kind of other colleagues. Hope you've been enjoyed today's event really. I've certainly enjoying. It's been great. Which is which is quite easy to see when you haven't been participating, but certainly kind of hear from people that it's being really kind of impressive today, like CNN said at the start, we were keen to kind of come together as kind of four networks really in kind of recognition or the importance and the impact of LPS really. And certainly I'll give it the same weird as I did this sort of the Care Act in terms of soil implementation, because in many respects it's coming our way.

02:55:46.170 --> 02:56:16.640
Errington, Andrew
Uh, like Lorraine says, grab a potato or it's coming your way get peeling, but I hope in terms of there there's. There's a few takeaways you'll take from today from hearing from Hillary from hearing from kind of practice leads and certainly Vicky in terms of you know that that don't delay started here. That's that's a cut you on I'm I'm gonna I'm gonna pinch that wonderful talker. And certainly in terms of the rain and keeping that focus on the person really and talking to us about you know this is all about this is all about rights and kind of liberty really. Which is the?

02:56:16.900 --> 02:56:33.090
Errington, Andrew
The place to be, but hopefully you know individually, will take things away in terms of our own learning. Be that random. Act like pacity act or we we might kind of go away and talk to kind of peers and share knowledge understanding LPS. Or we might go back to organisations and ask questions about, well, how we kind of implementing LPS.

02:56:34.420 --> 02:56:36.390
Errington, Andrew
But in terms of sort of thanks.

02:56:37.220 --> 02:56:45.150
Errington, Andrew
Next slide Shelley. Look there is a just a massive thanks to all kinda networks for tadir for stepping up and kind of taking part.

02:56:45.750 --> 02:57:07.770
Errington, Andrew
Thanks also to West Midlands ADASS and two people in particular Mark Godfrey and and Shelley Madley, who have supported this event today. All the kind of organization or the kind of logistics in the background or the kind of things making things work today all down to kind of marking Shelley so a round of applause for you. There might have been a hand I saw him up from Mr Pete Jackson.

02:57:08.420 --> 02:57:11.470
Errington, Andrew
Who's mentioned on that slide? Did I see your hand Pete at some point?

02:57:14.230 --> 02:57:17.540
Pete Jackson
I know it's just I I'm just going to say it again.

02:57:18.350 --> 02:57:22.210
Pete Jackson
How incredibly proud I've been smelling of seeing.

02:57:23.550 --> 02:57:35.780
Pete Jackson
Did networks working together to see 200 and I think 90 people coming together to talk about this this issue. I've already fed back 2 ADASS and the LGA nationally to say it partly reflects how.

02:57:37.010 --> 02:57:37.660
Pete Jackson
Uhm?

02:57:38.760 --> 02:57:41.700
Pete Jackson
Uh, how desperate people are ready for information and I guess.

02:57:42.750 --> 02:58:03.820
Pete Jackson
To get the the the starting gun fired to get on with it, but it just makes me feel really proud to know that we've got such fantastic people in our in our region thinking, knowledgeable, passionate, determined to get on with this, really so I I I'd want to say you know, massive thank you. Everybody who's taken part in and thank you for for letting us join.

02:58:04.550 --> 02:58:06.400
Errington, Andrew
Thank you P. Thank you for those kind words.

02:58:07.430 --> 02:58:24.290
Errington, Andrew
There was a final slide which you want by the partner, which is an evaluation in 'cause Shelley is going to send you that overly evaluation link out by email, but please take the time to sort of fill and it's only a few questions now. One is a free text, one in terms of what more we could do in terms of implementation plan in the West building. So give us your thoughts. Give us your ideas.

02:58:25.450 --> 02:58:31.530
Errington, Andrew
And also to help us inform kind of future events. Really my colleagues in the room will potentially kill me, but I think the.

02:58:32.990 --> 02:58:39.200
Errington, Andrew
I think we should come back in 2022. I think we should come back when the coding regs in place and we should think about implementation. West Midlands so.

02:58:39.640 --> 02:58:39.960
Lorraine Currie
Yeah.

02:58:40.250 --> 02:58:45.310
Errington, Andrew
If you're up for that, colleagues in the room, Lorraine, that'll that'll be really good. If we could kind of do that, really.

02:58:46.680 --> 02:58:52.610
Errington, Andrew
But we were both kind of eight minutes. There's Shelley. See a lot, Shelley. There's Shelley. All that kind of organization, right?

02:58:52.370 --> 02:58:53.650
Shelley Madley
Hello everybody.

02:58:55.170 --> 02:59:02.140
Errington, Andrew
But we're gonna we're gonna finish. I think a little bit earlier the the gift that is kind of giving you some time back. If we were in an in person event I would say.

02:59:02.490 --> 02:59:26.900
Errington, Andrew
Uh, we can, you know, go to room such and such because lunch is available, but it's virtual so you know head to your own workplace. Kitchens, heads you own horn kitchens or find something to eat. Take a break. You've done about 3 hours now so you deserve a break. Get something to eat, but we'll we'll give you 8 minutes back and let you go on your dear. So thank you everybody for coming along today and for all our kind of speakers. It's been a brilliant event. Thank you.

02:59:28.140 --> 02:59:38.800
Shelley Madley
Could I just say before you all go if you'd like to know anything more about any of the networks, please contact me are you should all have my email address because I sent out the agenda.

02:59:39.560 --> 02:59:41.120
Shelley Madley
OK thanks, thanks very much.