# &Complex Needs & Dual Diagnosis
## ALL PARTY PARLIAMENTARY GROUP

**Minutes from the 40th All Party Parliamentary Group on Complex Needs and Dual Diagnosis**

**Transforming Care: Getting it Right**

**Tuesday 29th February, 3-5pm, Committee Room 4, House of Lords**

**Chair - Lord Victor Adebowale**

**Lord Victor Adebowale (VA)** opened the meeting by welcoming everyone to the House of Lords. He said that the topic of Transforming Care is important one and one he had wanted to hold a meeting on for some time. **VA** made some introductory remarks on the topic:

- It's thought up to 350,000 people in England have a severe learning disability and that this figure is increasing.
- A learning disability rarely exists alone, often people have other complex needs, including autism, physical disability, mental health needs, behaviours that can challenge and/or sensory needs. For example
  - Between 25% and 40% of people with learning disabilities also have a mental health need.
  - Prevalence rates for schizophrenia in people with learning disabilities are approximately three times greater than for the general population
  - Behaviours that challenge are shown by 10% -15% of people with learning disabilities
- Many of the people with learning disabilities who continue to live in secure hospitals are far away from their homes and families and many of them have been there for a very long time.
- This group are at risk of being subject to traumatic and unnecessary restraint, seclusion and overmedication.
- The Winterbourne View scandal in 2011, which resulted in a number of care workers being jailed for violent and degrading abuse of residents with severe learning disabilities, led to a shift in government policy with a focus on the closure of hospitals and long-stay institutions (Transforming Care)
- Despite some progress, the closure of hospital beds has been slow. The original deadline of 2014 to move everyone with a learning disability out of inappropriate hospital settings was missed.
- Following the publication of the national strategy: *Building the Right Support*, a 3 year programme began in in April 2016 to reduce inpatient capacity by between one third and one half by April 2019 and build better facilities and support in the community.
- The Transforming Care programme has resulted in a reduction in the total number of people in inpatient units and the closure of some inpatient beds. Since 2015 around 635 people who had been in hospital for over five years were supported to move to the community.
- However, it is estimated that as of July 2018, there are still 2,400 people in institutions.

- A 10 year plan for the NHS was published in January 2019 which includes a target to reduce inpatient provision by half of 2015 levels by 2024 – essentially reasserting the 2016 objectives but extending the time frame
- Clearly we still have a way to go and the purpose of this meeting is to think about:
    - what we have learned;
    - what we know about what works; and
    - what needs to be happen to make Transforming Care work for more people.

**VA** introduced the guest speakers:

- **Andrew Jacks and Yvonne Cooper.** After 30 years in various secure hospitals including Rampton and St Andrew's, Andrew moved into his own home last year. Andrew has very kindly agreed to talk about his experiences of living in hospital and the process of making the transition to living independently. Yvonne Cooper, Supported Living Manager, works for the health and social are social enterprise ,Turning Point, and she worked with Andrew to make the transition a success. Andrew and Yvonne are going to be interviewed by Elaine Barker, also from Turning Point about their experiences.
- **Mark Brown** is a parent and carer, an independent researcher, and activist on learning disabilities and human rights. He is one of the co-founders of the Rightfullives website – an online exhibition that explores the theme of Human Rights and people with autism and/or learning disabilities. He has published academic research with Centre for Disability Research at Lancaster University.
- **Ray James** was the Director of Health, Housing and Adult Social Care at Enfield Council for over a decade and was previously President of the Association of Directors of Adult Social Services (ADASS). He joined NHSE in 2017 as the first National Learning Disability Director, to drive improvement across the country on services for people with a learning disability.

**Elaine Barker (EB)** from social care provider Turning Point introduced herself and started off by explaining that Turning Point's journey with Andrew started in January 2017. It took over a year to make the move out of hospital into Andrew's own home where he has now been for a year with support from a team of Turning Point support workers. Prior to this, Andrew had lived in various secure hospitals for a very long time. Yvonne Cooper at Turning Point was the lead person managing the transition process for Andrew out of hospital into the community.

**EB** started off by asking Andrew: "What did it feel like when you were in hospital?"

Andrew talked about: the way staff treated him in hospital; the strict rules he had to lives by in hospital e.g. around what you could and couldn't eat; experiences of violence from staff and other patients and the negative impact this had on his mental health; his positive experiences of starting to go out into the community during the transition, feeling respected and supported by Turning Point support workers, enjoying his independence, hobbies, making friends, his voluntary work and his relationship with his family.

He said: "It was strange [in hospital], people weren't nice to me. I couldn't have what I wanted to bring in. They stopped the food. "

"At Rampton…one of the staff beat me up and put me in seclusion… I was that bruised. I sued them and when I moved into Doncaster, one of the staff took the piss and the mickey out of me because

they didn't like the idea of what I wanted. One of the patients battered me, I was bruised and battered 4 times"

"I was not happy, the staff didn't do much about it."

"They said I wasn't reasonable. I was getting stressed and nervous and down."

"The staff at Turning Point – did a wonderful job for me – even Yvonne, even James [the support worker with Andrew at the APPG meeting]."

"I used to go out [during the transition] and I enjoyed it more than what I was doing [in hospital]

"When I was at my house, when I moved in, I had to sort my stuff out. I cook my own food"

"The staff supported me and looked after me and I was treated with respect."

"It's a shame I've lost my mum. My sister has helped me – she came to a meeting [at he hospital] - she had something to say about what the staff wanted to do. They wanted to keep me a bit longer. That's why I pushed and pushed and pushed to get out. Because it was driving me mental. Every ward round meeting I asked 'when can I leave?' "

"I'm a lot happier where I am in my own house. I can go out whenever I like. I have a peaceful life."

**EB:** "You've got hobbies?"

**Andrew:** "I make things. I'm good at sanding things. I'm good at cooking. I do bacon sarnies. I help clean up sometimes. I've got arthritis – I have to take it slowly. I play games on my lap top. I like my games, its keeps me occupied - it keeps me out of trouble…I've got a job at Mencap…."

**EB:** "And you've got friends?"

**Andrew:** "I've got neighbours who talk to me. I go to them or they come to me. I offer them tea or coffee."

"I went on holiday. I've come to London to wander round. I've travelled all the way…"

"Staff were nice. They look after me. They make me laugh."

**Yvonne Cooper (YC)** (Turning Point Manger) talked about the transition process. She said that once they had agreed that Andrew was coming out she started going in hospital once a week. She started talking to Andrew. She said that once she has established a relationship, they introduced a small staff team and gradually increased the hours the team were spending with Andrew, taking him out. The staff were spending time learning about Andrew.

She said they worked with the multi-disciplinary team which included the psychologist, speech and language therapist and the psychiatrist to understand Andrew's needs and to develop a support plan.

As part of that the journey YC went on the ward round once a week. YC said that if Andrew had a behaviour the hospital didn't like – they wouldn't let him out. She recalled an instance during the transition period when Andrew had gone out shopping with Turning Point staff. He brought back

sweets and the hospital staff confiscated them which angered Andrew. As a result of his behaviour the hospital refused to let him go out the following day.

**YC** said that in supported living there aren't any rules. There aren't any locked doors, you don't have to have permission to do something. She said it was a brand new commissioning team so there was learning curve for lots of the professionals involved. She said Andrew was involved in choosing his house.

**Andrew:** "My house it's a nice house. I've got a TV, ointments, I've got everything. I've got 2 sheds. The garage door been mended."

YC said that one of the learning points for her about the transition process was the need to sometimes push back on the rules a person has to live by in hospital in order to make the transition into the community easier. It makes it easier for that person to focus on the things that will be different e.g. on managing your own finances, working on the skills you'll need around the home.

**EB** said: "Do you remember what Martin Hammond, the social worker, said Andrew – in terms of what success? He said if you're still living in your home in 12 months – that's success.

**Andrew** said: "I don't want to go back"

**EB**: "We're coming up for a year Andrew – you've done it."

Victor Adebowale thanked Andrew, Yvonne and Elaine for their contribution. He went on to introduce the next guest speaker - Mark Brown - who is a parent and carer, an independent researcher, and activist on learning disabilities and human rights. He is one of the co-founders of the Rightfullives website – an online exhibition that explores the theme of Human Rights and people with autism and/or learning disabilities. He has published academic research with Centre for Disability Research at Lancaster University. He said that Mark had prepared a briefing paper for the APPG on Transforming Care.

**Mark Brown (MB)** started off by talking about the background to the Transforming Care policy. He said the government policy *Building The Right Support* was launched in 2016 and Transforming Care is the broad policy response to Winterbourne view. Mark said he had produced a short briefing paper which looks at *Building the Right Support,* what has worked and what hasn't. The paper uses information from Freedom of Information (FOI) requests, local Transforming Care plans, the Assuring Transformation paper and information from the Transforming Care evaluations commissioned by NHSE.

**MB** said that many of the Transforming Care partnerships put a lot of work into developing their Transforming Care implementation plans. He said that drawing up the plans involved consulting widely with the community and a lot of areas were very committed. As part of developing these plans, they had to bid for transformation funding.

In total, the Transforming Care partnerships requested £85m transformation funding. However, most of them didn't get the money they requested and some of them haven't received any funding at all. **MB** said it's important to recognise that this is money to change the way they are doing things. This isn't about money to pay to for the costs of getting people out of hospital. **MB** said that this had

had a negative effect on areas ability to implement building the right support and also it has had a demotivating effect on a lot of partnerships.

**MB** said that the government and NHSE have said the number of people in Inpatient settings has gone down by 20% but we think this is wrong and actually it has gone down by 14%

**MB** said, in the evaluations, people said it was a good policy but there have been difficulties in making it work. People have been very supportive of the Care and Treatment Reviews. The changes that were made in 2017 were an improvement. We agree that Building The Right Support is a good policy but it has failed to achieve its goals.

**MB** said the government and NHSE have underestimated the amount of work that is needed to make it happen. The transformation process has been affected by the cuts to social care funding and austerity. This has had a negative impact on partnerships' ability to work together.

**MB** said he was concerned that there isn't any reference to Transforming Care in the NHS 10 year plan.[1] Transforming Care and Building The Right Support are very public policy statements but at this moment in time they haven't been delivered. The question for us is whether NHSE will walk away from the commitment to people with LD and/or Autism

**MB** said that he thinks it is very important that that the public commitment is recommitted to and we build on the progress that has been made. We've seen how important this policy is and what a difference it can make.

**Lord Adebowale (VA)** thanked **MB** for his contribution and went on to introduce the next speaker - National Learning Disability Director at NHSE, Ray James.

**Ray James (RJ)** began by saying how important it was to see what can be done and thanked Andrew for sharing his experiences. He also thanked Mark Brown for his constructive and detailed report.

**RJ** said that where the NHS meaningfully involved people with lived experiences – this is where they make the most progress and where there are mature relationships. He said when Building The Right Support was published he had worked in local government and was president of ADASS.

**RJ** said that most people think it's the right policy which isn't always the case with national policy. He said that when he was asked to come across to NHSE he thought he had to do the job and make it work because it's such an important issue.

**RJ** said he thought the issue was variability in practice rather than doability of implementing the policy. Some areas have delivered a 35% reduction in inpatient numbers e.g. in Worcestershire he feels they have reduced it to an appropriate level of specialist services.

He said across the country there is:

- a 5 fold variation in Inpatient beds:population ratio
- 15 fold variability in rates of admission

[1] Ray James said the commitment remains in the 10 year plan although without using the language 'Transforming Care'

He said there are currently 258 autistic YP in an Inpatient bed. 70% have a diagnosis of autism and no learning disability. At the beginning there were 110 children on the database so it looks like the numbers have almost doubled.

It is unclear whether this is down to better recording. **RJ** said unless we are willing to realistic about the limitations of the data we won't be able to learn to do the right thing. Of the 258 – 63% are female. But we think there are 3 times the number of boys with a diagnosis of autism. It seems that boys are over represented in residential schools and girls over represented in Inpatient settings.

**RJ** said that local areas need to do more to prevent admissions.

He said that every area needs to put a dynamic risk register in place which identifies people with complex needs at risk of admission and identifies how we support these people. This idea aligns with the recent review of the MHA which was published recently - one of the recommendations was a duty to reduce the risk of admission.

**RJ** said that he is concerned that NHSE may have got our comms wrong – if people are worried that the principles of Transforming Care won't continue.

He said I don't want this policy to be judged solely on numbers, rather by what people like Andrew tell us about their experiences.

**RJ** talked about access to Personal Health Budgets. He said if we get this right – this will reduce numbers in inpatient settings.

RJ said he was pleased that for the first time – the NHS's major strategic plans include explicit reference to people with Learning Disabilities and autistic people. He said this isn't just about specialist services but tackling health inequalities.

He said there was a need to be consistent and straight forward about the data and he worries about people obsessing about the national data. It starts and ends with individuals – who should be able to access specialist care and support – should always be a community setting where possible, and if in a hospital it should be near to home, connected to local services.

**RJ** turned to the future: He said that when he started people weren't talking about autistic children. Behavioural approaches such as *Positive Behaviour Support* (PBS) is the common characteristic of good providers – a consistent, person centred approach to avoid behaviours that some people find challenging.

*Trauma informed care* – I've seen too many very sad case there is no question that people have been traumatised by their experiences in the system which adds to their needs. We need to acknowledge that.

*Care and Treatment Reviews (CTRs) and Care Education and Treatment Reviews* (CETRs) – 4/5 don't lead to an admission. Why are they different? It puts the person at the centre and brings in independent clinical expertise. It stops some lazy commissioning. The different parts of the system are more willing to do something extra to support that individual and their family. We still don't get enough done pre-admission.

The *workforce* – in many areas of the country – the biggest issue isn't money it's a skilled workforce with the right training. We spend too much energy talking about the challenges and not saying what a fantastic and rewarding job it can be. This is the case for frontline care and support workers through to specialist psychiatrists. We need serious thought about how we grow the workforce.

*Commissioning practice* – frontline care and support workers are inevitably paid minimum wage. This isn't a sustainable commissioning model. We need more mature relationships between commissioners and providers.

When we think about what the [social care] green paper might say. I recognise what people are saying to me about the *challenges are around funding in social care.*

**Lord Adebowale** thanked **Ray James** for his contribution and opened the debate top the floor.

**Fiona Ritchie, Managing Director for Mental Health and Learning Disabilities** asked Andrew what the most important thing in all of this was for him?

**Andrew** said: "The most important thing is to carry on living in my house, woodwork, keep doing the charity shop, going to town, keep seeing my family, and the important one – I never never want to end up back in where I was before. It makes me so sad and that's why I don't ever want to be back in hospital."

**Karen Joy, Learning Disability Commissioner at Norfolk County Council** said the elephant in the room is funding. She said they have had horrendous problems about who picks up the bill – it's a long term bill – the NHS won't make commitments

**Ray James (RJ)** said that this is variable in different areas- for most people we can provide a better life in the community for less money than the NHS care costs. The challenge is getting the funding in the right place. He said NHSE have worked with the LGA and ADASS to develop funding transfer agreements. You get different behaviours in different part of the NHS and different local authorities but ultimately this is public money. At a bare minimum, you should be open book about your funding in order to develop joint decision making. **RJ** talked about LA and NHS orgs arguing about who will pay *while* someone, who didn't need to be there, remained in hospital. He said social care funding is not adequate.

**Karen Joy** said that every time they have a Transforming Care discharge we have to talk to 5 separate CCGs about funding. The commitments were that for people who had been in hospital for 5 years or more would have a dowry that goes with them. Sometimes it should be social care sometimes it should be NHS.

RJ responded that he understood the point about the number of CCGs - there is a point about the scale at which we resolve these issues.

**Mark Brown** asked what percentage of the saving is following the person who is discharged from hospital under Transforming Care? He said when Simon Stevens was asked about the percentage – it wasn't much. Has there been any progress?

**RJ** responded: the NHS will have new patients coming through that they will need to fund. There are some areas where the CCG or the LA is in financial difficulty – they will not enter into a pooled budget. Earlier this year we moved an extra £55m down the system to free up the inpatient spend to local areas.

**Jen Reynolds a Learning Disability Outreach Nurse from Leicester** said that she worked with people to avoid admissions and help with discharges. We support providers that are struggling. In Leicester we have stopped lots of admissions coming in. We look at whether something will be a successful sustainable discharge and we work closely with psychiatrists and speech and language therapists. We do workshops in the ATU – if we feel this isn't going to work – we don't want to set people up to fail – because people yo yo back and forth. We need properly trained staff – this is where things are failing. Staff are poorly paid. Large providers take over smaller providers and dilute the care that is provided. We feel our role is to provide a link between CCGs, adult social care and providers. We know the money issues are there. We attend CTR, I'm hoping it can work- especially with Andrew's story.

**Sam Clark Chief Executive for LD England** said listening to the conversation about funding – the NHS LT plan – increased numbers having a PHB. Are we doing enough work to give people a PHB to help people get out of hospital.

**Ray James** replied yes, this is an issue. Sometimes people give a very long procurement process as a reason for delay. PHBs cut through this. This is a really meaningful. We need more sophisticated support around the individual. As Yvonne Cooper from Turning Point talked about – the period of transition – sometimes people think organisation A ends support at a point in time when organisation B takes over and there is no recognition of the need to cover transition costs.

Readmissions are going down and the rates are relatively low. Yesterday, I was visiting an area where 40% of admissions were due to 'failure of the social care provider' – this indicates poor relationships between providers. If community services aren't good enough – the clinical specialists need to work with providers to give them the skills they need.

**Jacqui Senton – Consultant Nurse working with YP and Adults with LD in Staffordshire** said the majority of crisis referrals come from private providers and a lot of our resources go into supporting providers. We don't have a local provider market which is able to provide the right sort of support rather than having crisis referrals. There is always pressures to discharge from ATU after 12 weeks and specialist services need to work more closely with providers.

**Adam Penwarden from Lifeways** referred to RJ's point about 'variability not doability'. He said – I can cite examples where we have made it work and examples where we haven't . There's talk about Ofsted style inspection in the green paper – will this help?

**Ray James** said his personal view, as a former ADASS President, was that the CQC inspection regime was very helpful. A lot of my peers were harsh critics in terms of the burden and cost of regulation but he disagreed. Commissioners and providers have responsibilities. It would be regrettable if people said local authority commissioning was the problem without acknowledging the financial context BUT commissioners need to have clearer expectations set out for them centrally.

He said places that do this well – e.g. involving people with lived experience e.g. in Staffordshire – independent sector providers take more responsibility for quality. But if the market is under developed the CCG should talk to the specialist NHS services about how to improve partnership working and the skills base. In the NE they have worked with a local university to deliver PBS training to care and support workers. Willingness to collaborate between commissioners and providers is key.

**Lord Adebowale** wondered whether CQC should do thematic reviews focussing on Transforming Care .

**Elaine Barker, Transformation Manager Turning Point** responded to the question about whether there are providers who can make this work in Staffordshire? She said yes because Turning Point work in Staffordshire and Stoke – we have strong services – all our services are good. There must be a disjoint between commissioners and providers because we don't know about the gap in the market - we don't hear this from commissioners.

**Giovanna Maria Polato from CQC Intelligence** said her background is data and she ran the census for a few years. She said that her concerns were that while someone is in the health system – we get information via the Mental Health dataset but when they move we lose all that data. Adult Social Care data does not tell us who is where and the main reason for them being there. We need to know that someone's care is being organised and how is the care being provided. It has been looked at but it has not happened. We can only get a snap shot rather than longitudinal data. Right now if someone is in a Learning Disability unit I can identify if they go to A&E, if they die, but if they move across to Adult Social Care we lose that information. There is power in data.

**Sam Clark, CE of LD England** said she completely and utterly supports the principle of open data. But I also completely support the UN conventions on the rights of people with learning disabilities. Are we in danger of people not having the same rights and options and services. People should be supported to have the same rights and choices as their non-disabled peers. There is balance there to be struck.

**Caroline Heath-Taylor from Baroness Finlay's Office** asked what are you doing to share good practice? And how do you involve parliamentarians?

**Ray James** told the group that NHSE had commissioned independent evaluations and they are now looking at how the evaluators can share their learning. He said that he was constantly putting different areas in touch with each other where they can learn from each other. We have peer review work and there are a number of on-line resources. We could be better at involving parliamentarians. Baroness Hollins sponsored an event here with families on 'Ask, Listen Do' which was great. The health service ombudsman and the LGA all came together to agree a consistent approach.

**Kate Morissey – Senior National Programme Manager – Mental Health, Secure and Detained Health and Justice Commissioning at NHSE** said we know a significant number of prisoners have learning disabilities and sometimes it is just chance whether people go to hospital or prison. We are just establishing re-connect – to help people with complex need when they leave prison. She made a plea to the room not to forgot this groups.

**Lord Victor** returned to the panel to ask if they had any final remarks.

**Ray James** thanked the APPG and Lord Adebowale for the opportunity to speak and for Andrew to come and tell his story in a place like this. Small things can make a very big difference. When he said I never ever ever want to go back to hospital I was encouraged to see how many people were nodding. We need to be mindful of the risks and what can we do to mitigate those risks.

**Lord Adebowale** asked whether Ray James had heard anything that will change how he approached his role.

**Ray James** said the point about transition – how carefully you need to plan - probably doesn't get talked about enough.

**Mark Brown** spoke about transparency. He said there's been a lot of talk about some areas doing things well and others not. I look for these things. But its very difficult to find out which these areas are. My plea is for the whole debate on Transforming Care to be more transparent. I'm struck by families not being involved in this discussion. I know families aren't everything but what families bring to this is vital. If you are trying to get someone out of hospital or to prevent them going in – they have a vital role to play.

**Elaine Barker, Transformation Manager at Turning Point** said she thought, having heard everyone's contributions, it comes back to good old fashioned working together. Finances shouldn't get in the way of working together. For Turning Point it is important to keep the ongoing dialogue with health providers that keeps Andrew out of hospital. We need to do more to share good practice.

**Andrew** said I do appreciate everyone who's been here. I appreciate these people on the panel – you've all been helpful to listen to my conversation and to see what you can do. Thank you for coming.

**Lord Victor** closed the session by remarking that it often feels like there is a lot of heat and not enough light. Money is important but there needs to be a criteria by which people understand what money there is and how it's been spent – the money is getting in the way of behaviours. The health and social care system has a bad habit of letting process get in the way of intention – we need to go back to the intention. The other thing is – the relationship people have with their communities and their families, where those relationships don't exist we need to ask questions about human rights, Andrew's story is one of his human rights being withdrawn. We need to define our intention clearly and it's about human rights. I'm always struck about what isn't said – the perverse incentives to keep things as they are. Thank you Andrew.

**Meeting attendees:**

| Name | Title | Organisation |
|---|---|---|
| Adanna Williams | Clinical Lead for CYP Transforming Care | NHSE (London Region) |
| Adam Penwarden | Director of Communications and Marketing | Lifeways |
| Andy Hoyal | Community Support Development - Transforming Care | NHSE (London Region) |
| Antony Walters | | NHSE |
| Alex Ankra | | Cabinet Office |
| Ben Constant | Transforming Care Programme Manager | NHSE (London Region) |
| Caroline Heath-Taylor | Researcher | Prof. Baroness Finlay of Llandaff's office |
| Chantal Kamall | | NHSE |
| Christine Bakunga-Muyizzi | Service Manager | LB Southwark |
| Claire Moser | Policy Adviser | Royal College of Speech & Language Therapists |
| David Woodley | | Great Chapel Street Medical Centre |
| Dania Hanif | | Association of Mental Health Providers |
| Erin Allen | Transforming Care Nurse | SLAM |
| Fiona Ritchie | Managing Director Learning Disabilities and Mental Health | Turning Point |
| Gemma Hopkins | | BMA |
| Giovanna Maria Polato | Team Leader – Intelligence | CQC |
| Glen Jones | Mental Health Specialist Support Worker | Lookahead Care and Support |
| Helena Cook | Team Leader MHLD Southwark | SLAM |
| Ivan Olbrects | Learning Disability Risk and Assurance Lead | Turning Point |
| Jacquie Shenton | Consultant Nurse Learning Disabilities (Challenging Behaviour) & Clinical lead for Learning Disability services | North Staffordshire Combined Healthcare NHS Trust |
| Jane Allen | Development Officer | Shared Lives Plus |
| Jane Reynolds | Outreach Nurse | Leicester Partnership NHS Trust |
| John Graham | Therapeutic Counsellor | Independent |
| John J C Cooper | Head of Public Affairs & Policy | United Response / LD Voices |

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|---|---|---|
| Karen Joy | Learning Disability Commissioner | Norfolk County Council |
| Kate Morrissey | Senior National Programme Manager – Mental Health, Secure and Detained Health and Justice Commissioning | NHSE |
| Lisa Mahendra | Strategic Programme Manager NWL/ONEL – Transforming Care LD/ASD | NHSE (London Region) |
| Lucia Ive | Commissioning Support Officer | Westminster City Council |
| Madeline Jennings | Public & Political Affairs Officer | British Association of Social Workers |
| Martin Murphy | Project Manager | Groundswell |
| Mike McManus | | LB Barking and Dagenham |
| Miranda Askew | Senior Stakeholder Manager | NHS England Learning Disability Programme |
| Rachel Penney | Transforming Care Partnership Manager | Barking Dagenham, Havering and Redbridge CCGs |
| Samantha Clark | Chief Executive | Learning Disability England |
| Sapna Patel | STP Programme Manager | South West London Health and Care Partnership |
| Sarah Turner | Autism Project Scoping Manager & Assistant Psychologist | The Disabilities Trust |
| Sue Gale | AD Health and Care | LGA |
| Tom Dunn | Public Affairs | NHSE |