



Profound and Multiple Learning Disabilities Community of Practice

Report of the Launch Event



**Tuesday 27th January 2015
SWALEC Stadium CARDIFF**

Opening

Participants watched a short of film designed to give a personal reflection from two mothers who care for their adult daughters who have profound and multiple learning disabilities - Introducing Mrs Gray and Mrs Hewer talking about what it's like to be mum to Anna-Marie and Janice:



The event then proceeded to open with a table discussion for participants to introduce themselves and describe their own views on the issues and themes identified in the film. Helen Thomas noted that she would take bouquets of flowers to Mrs Gray and Mrs Hewer and to extend our grateful thanks for their contribution to the launch of the Community of Practice. Permission is being sought to make the video available to members of the CoP for use in local education and development.

Introduction

Presentation Pack - Page 1

Helen Thomas and Diane Maddocks provided a plenary presentation to explain the origins of the community of practice. They described how the idea emerged and led to the launch of the network and their personal experiences and motivation to improve the lives of people and families who live with PMLD.

Opening Keynote

Unfortunately Siobhan McClelland could not attend the event, due to unforeseen circumstances. There was a general consensus to extend and invitation for Siobhan to speak at a future meeting.

What is a Community of Practice?

Presentation Pack – Page 3

Matt Wyatt provided a plenary presentation on the concepts and methods that underpin the development of a community of practice. He described the origin of the concept, the defining features and how a CoP can do things that other types of group can't. Matt outlined the participatory and organic development of the relationships; highlighting the experiences that participants could expect; and noting a number of CoP developments that had happened across Wales in recent years.

Why PMLD?

Presentation Pack – Page 5

Linda Marshall and Sam Green led a plenary exercise to debate the technical aspects of working in the field of PMLD. Their presentation covered the professional definitions of PMLD; the characteristics and prevalence described in the literature; and presented their learning from a local survey on the extent of the PMLD caseload. The session included a number of questions that participants considered in table discussions:

Describe what you would consider to be a stereotypical view of a person with PMLD?



There was a huge volume of feedback, which will be used as the brief to commission a bespoke illustration/infographic for the CoP to use in future communications.

Consider what you know about the numbers and needs of people with PMLD in your areas?

The subsequent discussions suggested that this topic could form the basis of a more detailed and dedicated session within a future meeting of the CoP. It was noted that several areas across Wales had either recently completed, or were considering an audit of service needs, and sharing these experiences should be an integral component of any planned session.

Imagine you found yourself as the carer of the stereotypical person with PMLD you created earlier, what would you want from services?

Again the conversations triggered a great deal of feedback which was clustered into four overarching themes:

- Emotional Support;
- Rapid Responsive Coordination;
- Personalised Continuity of Care;
- Physical Access to Services & Equipment.

These areas of need could also be considered for further development within the work programme of the CoP as it develops.



Finally, participants were prompted to continue the conversations over lunch with the question - is PMLD the term we want to use within this Community of Practice or is there a better alternative?

Understanding Complex Needs

Presentation Pack – Page 9

The afternoon session opened with Matt Wyatt providing a plenary presentation on the development of services that support people living with Complex Needs. Noting the variety of different challenges facing practitioners, he described how people have to continually adapt and evolve their practice to continue to meet the needs of service users and their families.

The presentation was designed to help participants recognise and appreciate the extraordinary range of knowledge, skills and experience present within the room. The session ended with a group exercise to create a chronology of that experience, whereby each table produced a list of the major legal, structural and organisational changes that had affected services for people with PMLD, within their working lives. With the 97 participants in the exercise, the CoP boasted a total of 2187 years of service - “no other room on the planet knows more about PMLD, than you here today”.

Working on their tables, participants were asked to create two lists. These Wordles illustrate the feedback with the largest words appearing most often.

[illegible]

Mindful Minute

Participants were then asked to consider what made work meaningful for them, what aspect of their work, provided them personally with a sense of delight. The room then self-organised into complementary groups based on the themes that arose. The groups were then provided with a challenge:

1. In your groups, discuss some of the issues and problems that have arisen throughout the day, concerning the provision of services for people with PMLD.
2. Choose one of the problems to work on together.
3. You have 30 minutes to describe the problem and recommend a solution.

The result:

Problem 1 – Poor 24 hour postural care

- Standard mandatory training for professionals and carers
- Protect time for training for those in most need
- Promote the issues and seek commitment of other staff
- Source information on the availability and provision of equipment
- Improve processes to reduce delays and ensure timely provision when needed
- Dedicated equipment budget to ensure provision and timeliness
- Budget to 'really' include maintenance of equipment
- Measure amount of staff time committed to ensure there are enough staff
- Recruit more rehabilitation engineers
- Research into changing client need and service requirements (with dedicated time)
- Very specialist service area, need to increase the evidence base
- Update environments to meet needs eg sensory and therapy
- New facilities such as hydrotherapy (especially in Cardiff)
- One stop shops or specialist MDTs to access all necessary professions
- Set up a system for recycling equipment
- Better access to bespoke equipment solutions for extraordinary cases/needs
- Pay the staff more!
- Additional accessible transport
- Review of location and accessibility of clinics
- Build the strategic business case for more physiotherapists in adult services

Problem 2: Providing good specialist, local and responsive respite for all PMLD

- Ensure that each respite service has adequately trained staff to meet individual need
- Offer a choice of provision, specialised to work with PMLD eg shared lives, holidays, creativity
- More beds targeted at the needs and demands of rising demography, need to plan ahead
- Finding out what people want from respite
- Dedicating emergency/crisis beds for short stay that are not blocked
- Better coordination between child and adult services
- Plan towards pooled budgets, integrated into one pot for PMLD
- Better access to flexible and creative bespoke respite:
 - Stakeholder involvement
 - Map levels of need and define respite requirements
 - Fund minimum levels of access
 - Identify high quality providers

- Support training and development

Problem 3: a lack of training for carers

- Suitable pay and experience for carers to learn at home/day services
- Development of curriculum and qualifications for carers
- Career pathway for wide range of people
- Advanced areas of training eg nutrition, autism etc
- Communication training across/within the MDT
- Change the perception of the carers to become more valued
- Regular supervision – towards regulation/registration model
- Improve consistency in care:
 - Strategic approach
 - Improve quality of life
 - Save money in the long term
- Advocate person centred planning
- Develop a programme of interest matching
- Longer term integration across young people services, schools and education

Problem 4: Disengagement, inactivity and a lack of opportunity

- Advocate person centred planning
- Increase 1:1 workers with appropriate training and support
- Promote being part of a wider network
- Well resourced (pooled from all stakeholders)
- Adapted social environments to enable access
- Focus on meaningful relationships for greater access and opportunities
- Promoting provision of advocacy for all

Problem 5: An environment where all assessed needs can be met

- Aiming for purpose built environments
- Attracting staff who naturally care about the person
- Wherever possible get rid of silos
- Promote one person as main contact to coordinate all aspects of care for an individual
- Consistency of practice across workforce
- Consistency of carers to continue through budget restraints
- Each person has a named social worker
- Redesign processes to keep the person at the centre with everyone supporting around them
- Target of no waiting time for equipment

Problem 6: no clear holistic coordination to represent the actual needs of the individual

- Accessible multiagency leader who sits across all agencies
- Single authority to act in interest of clients
- Fund holder with a pooled budget
- Responsibility to deliver outcomes across settings
- Develop clear lines of communication

Problem 7: lack of understanding of knowledge about what PMLD is and the implications for that person and their family

- Awareness raising sessions in hospital settings
- PMLD specific training packages available across programmes eg mandatory, professional
- Mandatory training for managers etc to have experiences with people with PMLD

- Tailored training sessions for subject/staff eg communication
- Access to support systems and networks when PMLD people go into hospital
- Develop educational material around cultural attitudes
- Start training on PMLD with students ie doctors, nurses and therapists etc
- Professional development of liaison nurse role
- Find ministerial level lead for PMLD community

Problem 8: Timely access of PAGs/Equipment

Wish list – to break down barriers between organisations that enable timely coordination to meet identified outcomes, including housing design, availability, purpose built, environmental adaptations

- Equipment management: knowledge, skills, budget and processes
- Pooling of funding for/and equipment
- Links with environment
- Availability of equipment for assessment – timely access to reps
- Community environments to enable accessible change spaces
- Pathway to enable environmental and clinical needs of the individual to be met with access to home, respite, day care and other community services
- Listen to professional assessor who have listened to the individual and their family

This exercise was designed as a little test of the CoPs ability to self organise, find a way to work together, generate consensus and achieve a small collective goal. It's fair to say that given the feedback, the future of the CoP is bright. Each of these topics, plus additional themes as they emerge, will be considered for further exploration as the CoP develops its relationships, capabilities and programme of activities, centred on PMLD.

Epilogue

Dr Cath Bright brought proceedings to a close, noting her personal reflections on the topics, presentations and discussions that had taken place throughout the day. Participants were given an opportunity to share their own reflections and to consider any outstanding questions on the structure and purpose of the CoP:

- A report from the Launch Event will be circulated and all participants are encouraged to share the materials across their organisations, local meetings and personal networks
- A small Group has formed to help plan the PMLD CoP meetings and consider how to develop topics highlighted or prioritised within CoP discussions. Anyone who would like to contribute to this group can volunteer by emailing Matt
- Taking continuous feedback from participants is a core tenet of the CoP so please don't be shy and forward any contributions or concerns to any member of the working group
- Any contributions or suggestions towards topics for the CoP agenda would be gratefully received in particular, anyone who would like to lead a session or present on their favourite or specialist subject in a future meeting.
- Date of the next meeting PMLD CoP 2 - Tuesday 28th April 2015 - Liberty Stadium Swansea

Finally Cath Bright thanked participants and presenters for making the launch event such an interesting and inspiring day, noting in particular, the Visual Minutes created throughout the day by Fran O'Hara of Scarlet Design.

The PMLD Community Practice closed at 3:30pm



Next Time

**PMLD Community of Practice
Tuesday 28th April 2015
Liberty Stadium Swansea**

For further information contact:

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Presentations Pack

Launch Event

SWALEC Stadium Cardiff
Tuesday 27th January 2015
Twitter #PMLDCOP

Programme ...

09:30	Registration & Refreshments	
10:00	Welcome	Matt Wyatt
10:15	Introduction	Helen Thomas & Diane Maddocks
10:45	Opening Keynote	Siobhan McClelland
11:15	What's a Community of Practice	Matt Wyatt
11:30	Break	
11:45	Why PMLD?	Linda Marshall & Sam Green
12:45	Lunch & Networking	
13:45	Understanding Complex Needs	Matt Wyatt
14:15	Delights and Dilemmas Workshop	Facilitated Session
15:15	Epilogue	Dr Cath Bright
15:45	Close	

Are you sitting
comfortably?

Helen Thomas and Dianne Maddocks

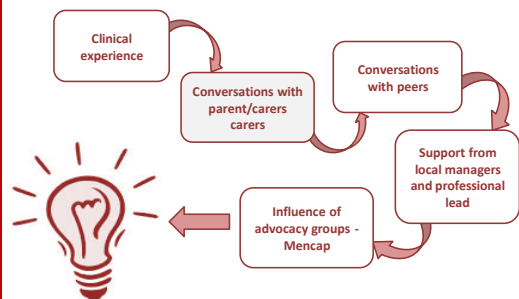
INTRODUCTION

How did we get here?



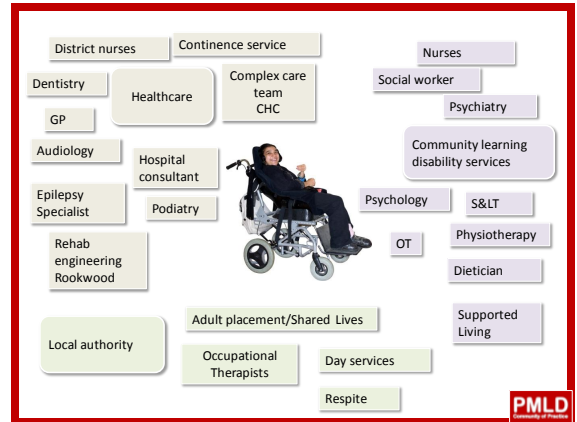
Pictures © Photosymbols

The journey so far



Task and finish group (2009)

- Representatives met from the local authority and the health board
- Roles and responsibilities
- Survey!
- Interviews with parent and carers
- Report - LD directorate with recommendations



My Journey ...

With a touch of the
lived experience



Feelings
matter
most



My Home, My Life



Strategy for People with a Learning Disability 2012 - 2017

Specialist Groups

Objective: Individuals with complex needs are able to access the range of appropriate specialist health and social care services in a timely manner.

Some individuals with a learning disability have complex needs such as those who engage in behaviours that challenge, have a dual diagnosis of learning disability and mental health difficulties, have a profound and multiple learning disability or have forensic needs. In addition to accessing generic services such individuals require timely access to a range of specialist assessments, interventions, equipment and wider services. It is also essential that those individuals with the most complex needs are not disadvantaged due to complex funding arrangements or poor joint working between agencies.



Although people with profound intellectual and multiple disabilities are very disabled and do experience a much higher mortality rate than the rest of the population, it is evident that many live well into adult life, do recognise people around them, do respond to circumstances and do enjoy activities and relationships. Irrespective of the difficulties, and just like any other parents, most families love their disabled child and want the best for them. They want to protect them from harm, and to provide love and security for them. New models of providing services in a person-centred way should make us raise our sights.

(Mansell 2010)



Siobhan McClelland

OPENING KEYNOTE



Matt Wyatt

WHAT IS A COP?



Apologising ...

I'm so sorry, but

- | | |
|--|---|
| <input type="checkbox"/> you provoked me. | <input type="checkbox"/> you're annoying. |
| <input type="checkbox"/> I was drunk. | <input type="checkbox"/> It was the PMS talking. |
| <input type="checkbox"/> It was actually your fault. | <input type="checkbox"/> you need help. |
| <input type="checkbox"/> I didn't mean it. | <input type="checkbox"/> I just can't help myself. |
| <input type="checkbox"/> I was having a bad day. | <input type="checkbox"/> I had a bad childhood. |
| <input type="checkbox"/> the timing was off. | <input type="checkbox"/> the stars were crossed. |
| <input type="checkbox"/> I love you. | <input type="checkbox"/> Mercury was in retrograde. |
| <input type="checkbox"/> you're wrong. | <input type="checkbox"/> I'm an addict. |

I hope you'll accept such a

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> sincere | <input type="checkbox"/> well-articulated apology. |
| <input type="checkbox"/> half-assed | |

- Improvement Advisor at Public Health Wales
- Why am I here?
- Complex Need
- Creating Space
- Apologising



Communities of Practice ...

- 1991: Institute for Research on Learning in Palo Alto, California - Etienne Wenger and Jean Lave coined the term Community of Practice
- The term was first used in their study of apprenticeship and has since been applied to government, education, social service providers, and various professional organizations.
- A lot has happened since!



The basics ...

- A community of practice is a network of people who share a common interest in a specific area of knowledge and are willing to work and learn together over a period of time to develop and share that knowledge. A CoP has:
 - a shared domain of interest
 - a membership who meet to share their experience
 - and a common practice



Fluffy bunnies ...

"... it is recognised that some of the most creative and sustainable work comes from facilitating passionate and committed practitioners to share experiences and knowledge, in order to bring about change in their own practice."



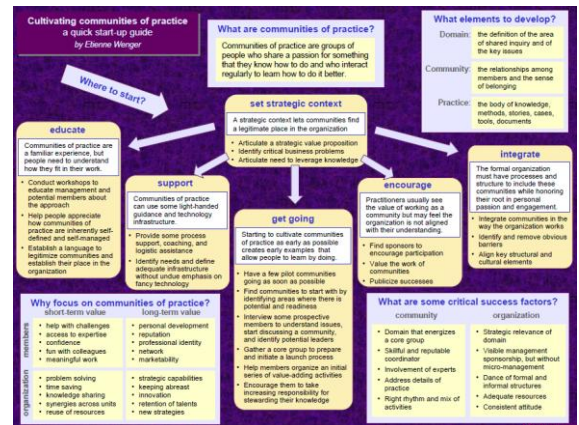
PMLD

Over the last 10 years ...



- Care Planning
- Unified Assessment
- Chronic Conditions
- Passing the Baton
- Discharge Nurses
- Intermediate Care
- Challenging Behaviour
- Falls Collaborative
- Complex Care Forum
- PMLD
- Adult Autism

PMLD



Practice in Practice ...

- It's a living thing not a machine, it lives & dies!
- Groundwork, a few rules & a sense of direction
- Fine tuning the rhythm & wisdom of the crowd
- Enthusiasts, the six hour rule & a tipping point
- Participative, fun and intellectually stimulating



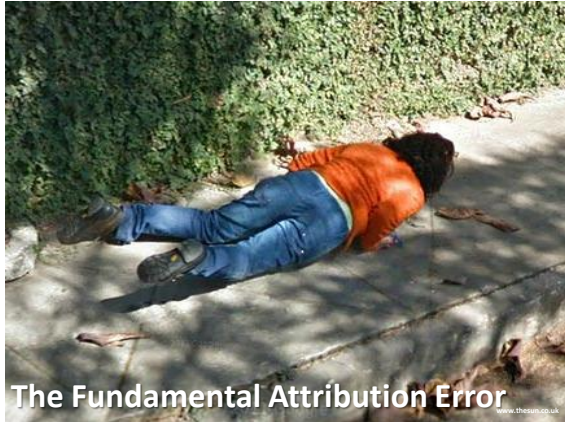
PMLD

A shift in perspective ...

How to create the conditions that enable people to feel good, have space to think, get together, take a risk, do a couple of experiments and nurture their intrinsic motivations ... all at the same time?

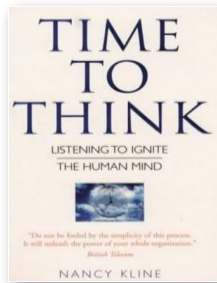


PMLD

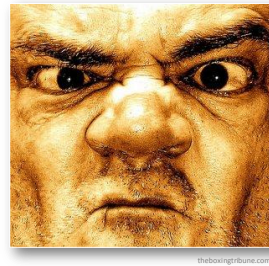


Hippy Warning ...

- “The human mind thinks more rigorously and creatively in a context of genuine appreciation”
- But be careful ... nothing works less than a room full of optimists!



Circle of appreciation ...



- Appreciation versus Criticism

5:1

- Be succinct
- Be sincere
- Be specific



Comfort Break

RECONVENE @11:45



Linda Marshall and Sam Green

WHY PMLD?



Why Profound and Multiple Learning disabilities?

Is PMLD the right focus for a community of practice?



What is PMLD?

F70. Mental retardation

A condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, skills which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities. Retardation can occur with or without any other mental or physical condition.

F73 Profound mental retardation

IQ under 20 (in adults, mental age below 3 yrs).

Results in severe limitation in self care, continence, communication and mobility.

(ICD-10)



What Is PMLD?

The American Association on Mental Retardation (AAMR) has developed another widely accepted diagnostic classification system for people with learning disabilities. Their classification system focuses on the capabilities of the individual rather than on the limitations. They focus on the levels of support:

- **intermittent support,**
 - Intermittent support, for example, is support needed only occasionally, perhaps during times of stress or crisis. It is the type of support typically required for people with a mild learning disability.
- **limited support,**
- **extensive support,**
- **and pervasive support.**
 - At the other end of the spectrum, pervasive support, or life-long, daily support for most adaptive areas, would be required for people with a profound learning disability.



What Is PMLD?

The term “profound and Multiple Learning Disabilities” (also called profound intellectual and multiple disabilities) refers to people who:

- Have a profound learning disability (IQ under 20)
- Have more than one disability
- Have great difficulty communicating
- Need high levels of support with most aspects of daily life
- May have additional sensory or physical disabilities, complex health needs or mental health difficulties and may display behaviours that challenge (Mansell 2010)



On your tables ...

Describe what you would consider to be a stereotypical view of a person with PMLD

- Their typical support needs
- Their family and living situation
- The professionals who work with them



Prevalence

Figures for Wales are not currently available. Emerson 2009, in his study estimated that in a typical English county with a population of 250,000 there would be 78 people with a PMLD in 2009 rising to 105 in 2026. Comparing this to populations in Wales then we can expect a rise:

from
956 in 2009
to
1288 in 2026



Prevalence

based on Emerson 2009 predicted figures for England

County	2009	2026	County	2009	2026
Cardiff	108	149	Vale of Glamorgan	40	53
Swansea	75	100	Pembrokeshire	38	51
Rhondda Cynon Taff	73	98	Gwynedd	38	51
Cardiganshire	57	77	Conwy	36	48
Caerphilly	56	75	Denbighshire	29	39
Flintshire	48	64	Monmouthshire	29	38
Newport	45	61	Torfaen	28	38
Neath Port Talbot	44	59	Ceredigion	23	32
Bridgend	43	59	Anglesey	22	29
Wrexham	42	57	Blaenau Gwent	22	29
Powys	42	56	Merthyr Tydfil	18	25



On your tables ...

Consider what you know about the numbers and needs of people with PMLD in your areas?



Our Survey 2010 ...

- 5 CLDTs within ABUHB
- Questionnaire developed
- Sent to team leads – asked to complete a questionnaire for every service user who met criteria
- Returned by 33 professionals from across 5 teams
- Numbers also obtained from paediatric services



Survey results

- 109 adults with PMLD known to CLDTs; 47 men, 62 women
- 30 service-users at transition age (14-17 yrs old)

Age (years)	Frequency
14-17	30
18-30	43
31-40	24
41-50	23
51-60	10
60+	5
Missing data	4
TOTAL	139



Prevalence

	Blaenau Gwent	Caerphilly	Mon.	Newport	Torfaen	TOTAL
General pop. (mid-2010)	68,400	173,100	88,100	141,300	90,500	561,400
Est. no. of people with PMLD	21	54	27	44	28	175
No. from survey	15	24	24	36	10	109



Services received ...

	Frequency (%)
Live with family	64 (59%)
Residential placement	45 (41%)
Respite	46 (72% of those eligible)
Day service	85 (78%)
Specialist equipment	87 (80%)
PCP	24 (22%)



	Frequency (%)
Sensory impairments	53 (49%)
Difficulty with eating, drinking, swallowing	51 (47%)
Mobility issues	99 (91%)
Epilepsy	77 (71%)
Life-limiting conditions	21 (19%)

Mental health and behaviours that challenge

	Frequency (%)
Mental health difficulty	13 (12%)
Behaviours that challenge	37 (34%)
Self injurious behaviour	38 (35%)

Interviews with family carers



Service-user details	Where did they live?	Who took part in interview?
1. Male, early 20s	With grandmother	Grandmother and mother
2. Male, late 40s	With parents until very recently	Mother and father
3. Male, early 30s	With parents and siblings	Mother and father
4. Female, late 20s	With parents	Father

Themes from interviews

Main themes
NATURE OF DISABILITY AND SUPPORT REQUIRED
THINGS THAT WORK WELL
FRUSTRATIONS WITH SERVICES
HOPES FOR THE FUTURE

On your tables ...

Imagine you found yourself as the carer of the stereotypical person with PMLD you created earlier, what would you want from services?

Recommendations from our survey

1. Holistic assessments
2. Provision of a single point of contact
3. Awareness raising amongst professionals and stakeholders
4. Training to carers and families
5. Provide and maintain equipment in a timely manner
6. Person centred planning eg Mencap 'Involve me Campaign'
7. PMLD Champions

Something to consider over lunch

Is PMLD the term we want to use within this Community of Practice or is there a better alternative?



Lunch Time

RECONVENE @13:45



Matt Wyatt

UNDERSTANDING COMPLEX NEEDS



Complexity in care ...

- A person with complex needs will have a number of related factors that affect their typical life and those factors and the relationships between them, are sensitive to change over time.



Pisek & Greenhalgh BMJ Vol 323 15/09/2001



Complexity in care ...

10 High Impact Changes for Complex Care from evidence within published research and frontline tacit experience:

1. Avoid disruption to the usual care setting
2. Identify complex needs as early as possible
3. Agreed triggers and timely assessment
4. Effective multidisciplinary working
5. Proactive discharge and care planning
6. Rapid systems of escalation
7. Responsive long term care
8. Focus on the data for complex care
9. Integrated services & effective partnerships
10. A workforce designed to serve complex needs



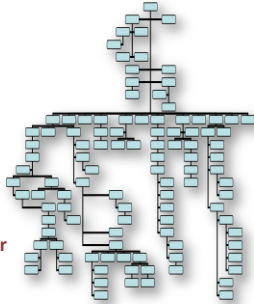
HIC1: usual setting?

- What sort of setting does the person live in?
- Established information systems are outdated eg NHS discharge to HMG but not to a care home
- Work flow is routinely measured in movements rather than in outcomes



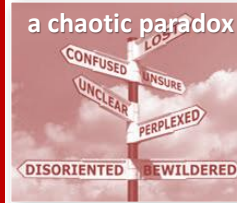
HIC 2: level of need?

- How is the level of need determined?
- There are innumerable assessments and scales to measure need across health and social care
- The tools used are mostly incompatible, profession or specialty specific



PMLD

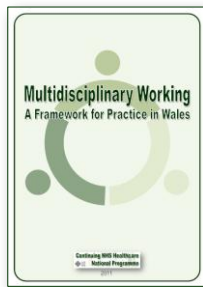
How do you make decisions ...



- Despite the apparent organisational chaos, great work is being done
- Even when the outcome is poor there are great people at every step
- 95% of performance is down to the system, not individual character traits

PMLD

Complex care in practice ...

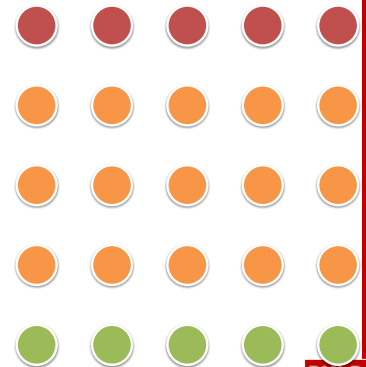


- MDT means all kind of groups and structures
- MDT does fantastic work with no authority
- Absolutely brilliant to catastrophically bad
- Organisations don't know what's going on!
- What demands are placed on the system?

PMLD

No 1.

There are different types of work or demand and practitioners adapt to suit the system they are in.



PMLD

System Type Simple

Ordered
Predicted
Innate

😊 Job 1
🔧 Functional
⚙️ Actions

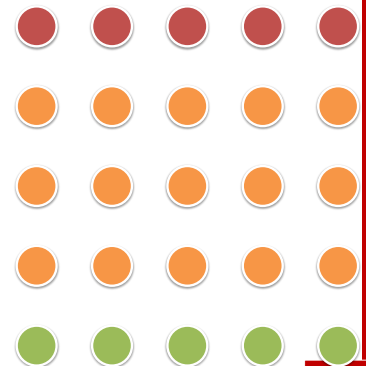
✓ Practitioner
⚖️ Victim



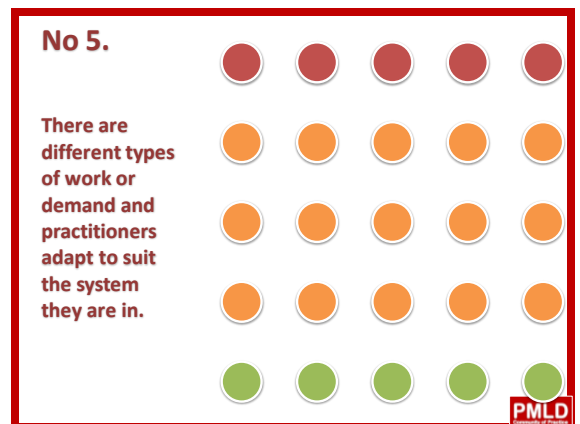
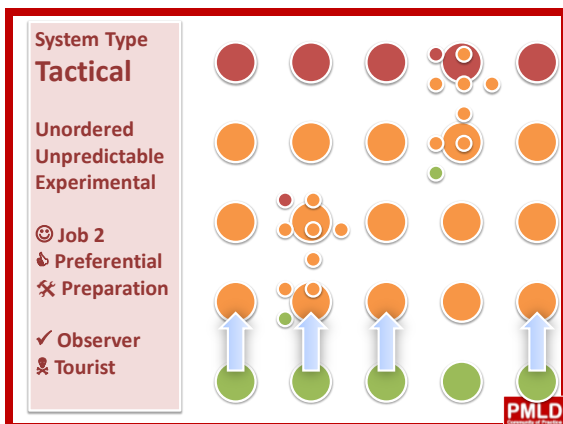
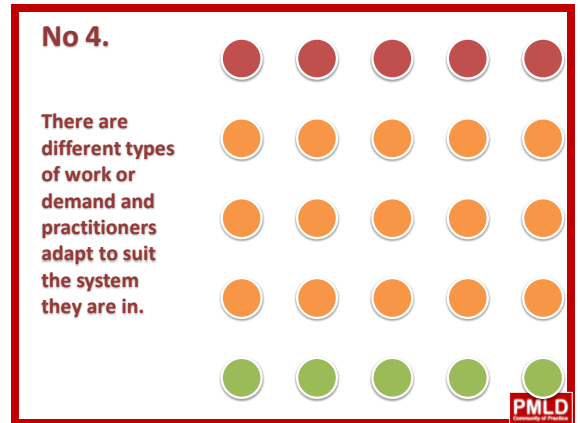
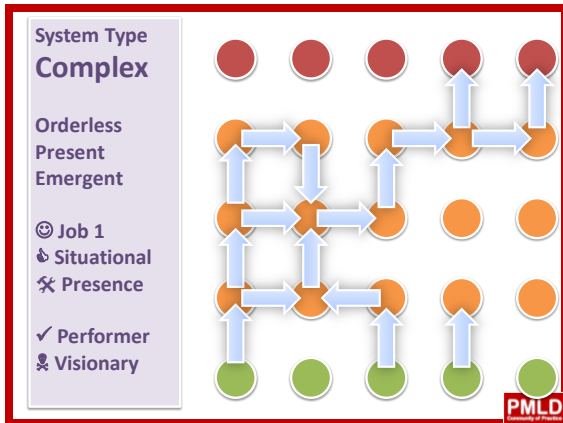
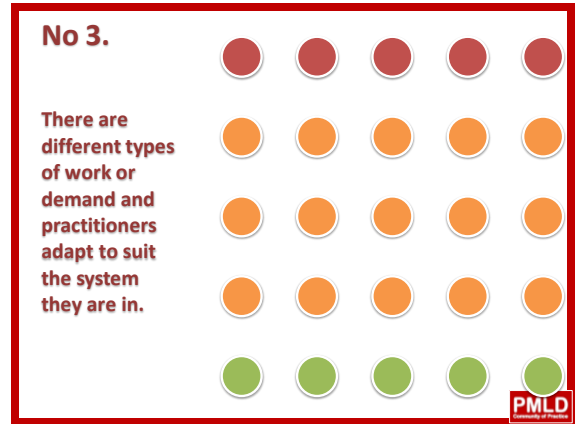
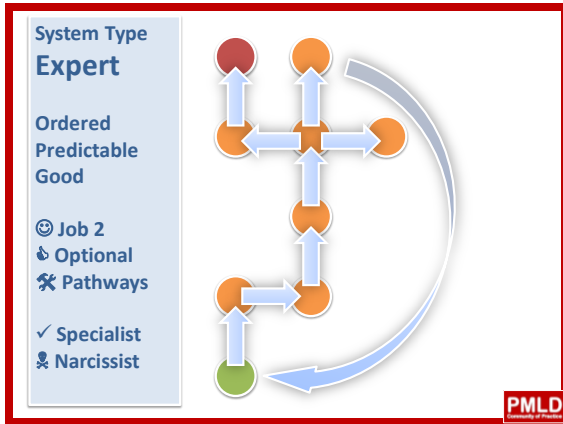
PMLD

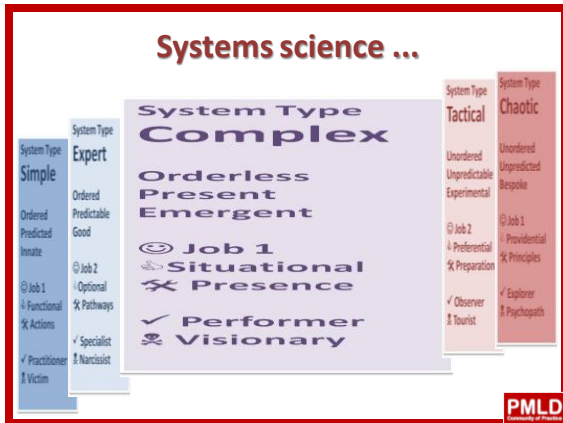
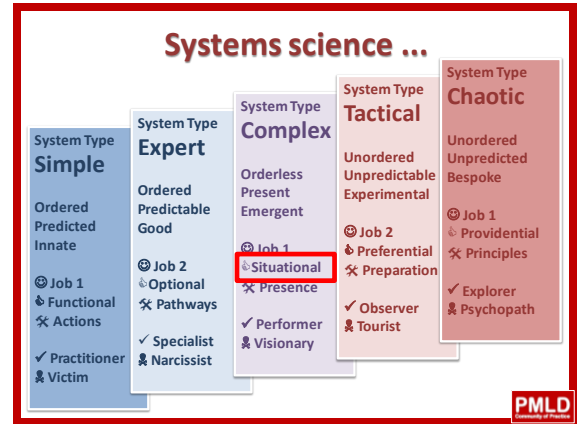
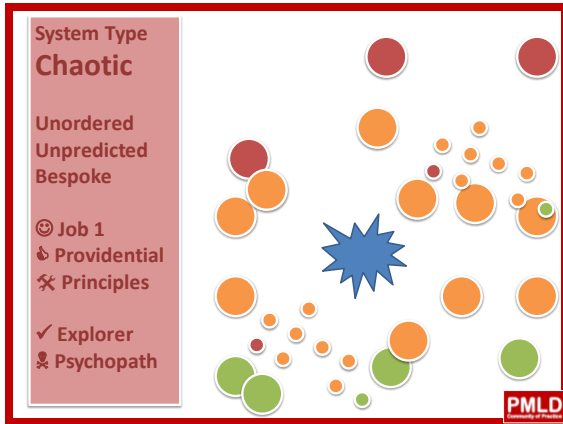
No 2.

There are different types of work or demand and practitioners adapt to suit the system they are in.



PMLD





Working with complexity

The More I Think
The More Confused I Get

1. A trigger to highlight that that a decision is needed
2. Sufficient information to inform the decision
3. People who can draw on insight and experience in a 'successive limited comparison' ...

PMLD

Leveraging the diversity ...

www.reoutingblog.com

$$(c-\theta)^2 = \frac{1}{n} \sum_{i=1}^n (s_i - \theta)^2 - \frac{1}{n} \sum_{i=1}^n (s_i - c)^2$$

Crowd Error = Average Error – Diversity

PMLD

Create list with dates, of all the policies, strategies, projects reorganisations, and practices that you've been involved in (or subjected to) throughout your career, that have effected people with PMLD.

History Exercise ...

Insight:

Experience:



PMLD
Community of Practice

Plenary Exercise

DELIGHTS AND DILEMMAS



Now for the
fun and the
stimulation



PMLD
Community of Practice

Cath Bright

EPILOGUE



Summarising !

What do I think ...

What do you think ...



Summarising !

Networking ...

Next time ...





Thank you and see
you next time

Liberty Stadium Swansea
Tuesday 28th April 2015





PMLD Community of Practice Launch

27 January 2015
SWALEC Stadium, Cardiff

Our next event is Tuesday 28th April in the Liberty Stadium, Swansea.

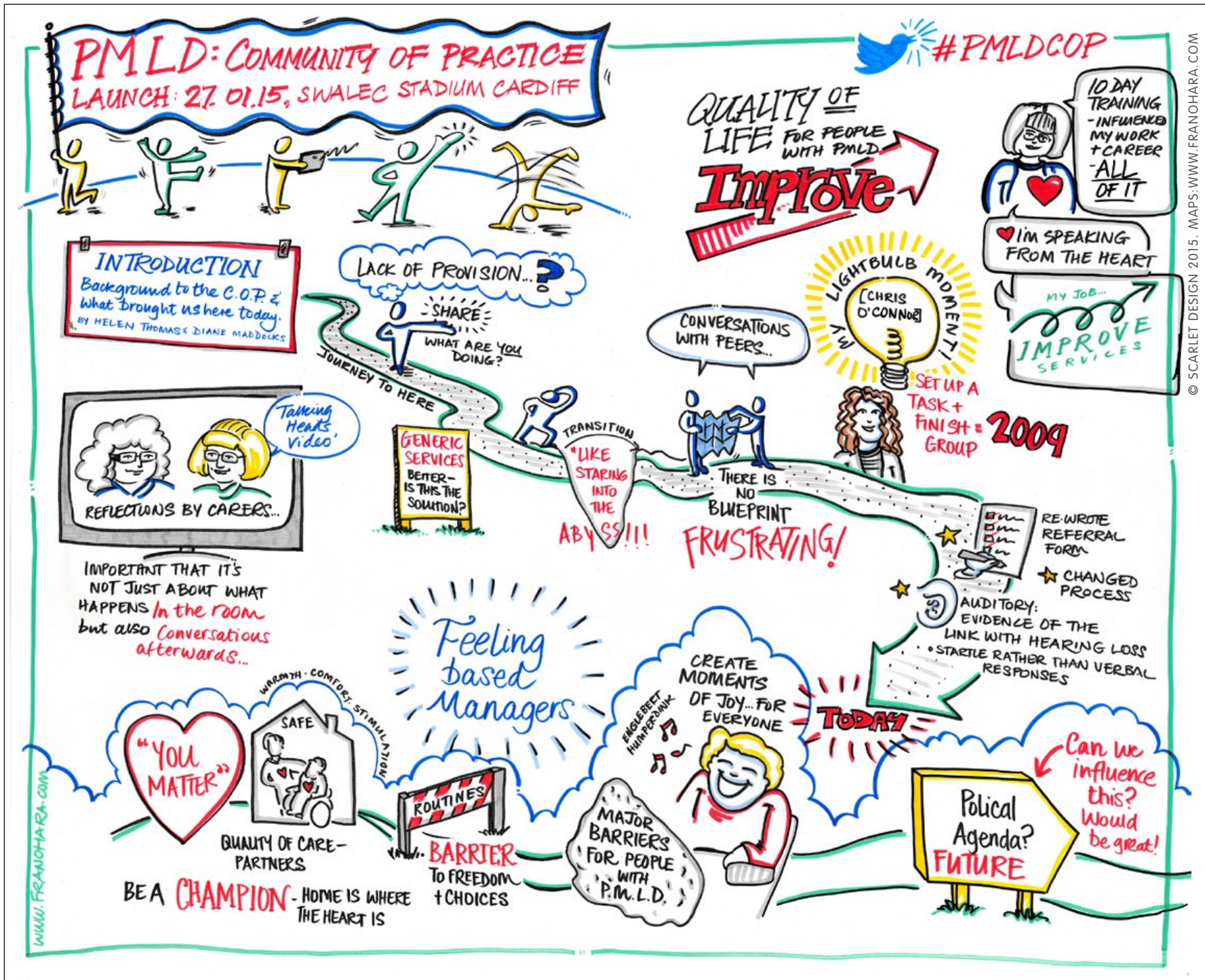
For more information and if you'd like to book a place please email: Sue.Loizos@wales.nhs.uk

Visual minutes by Fran O'Hara from Scarlet Design Int. Ltd. www.franohara.com

To receive these files in an alternative format or size please email ohara@scarletdesign.com

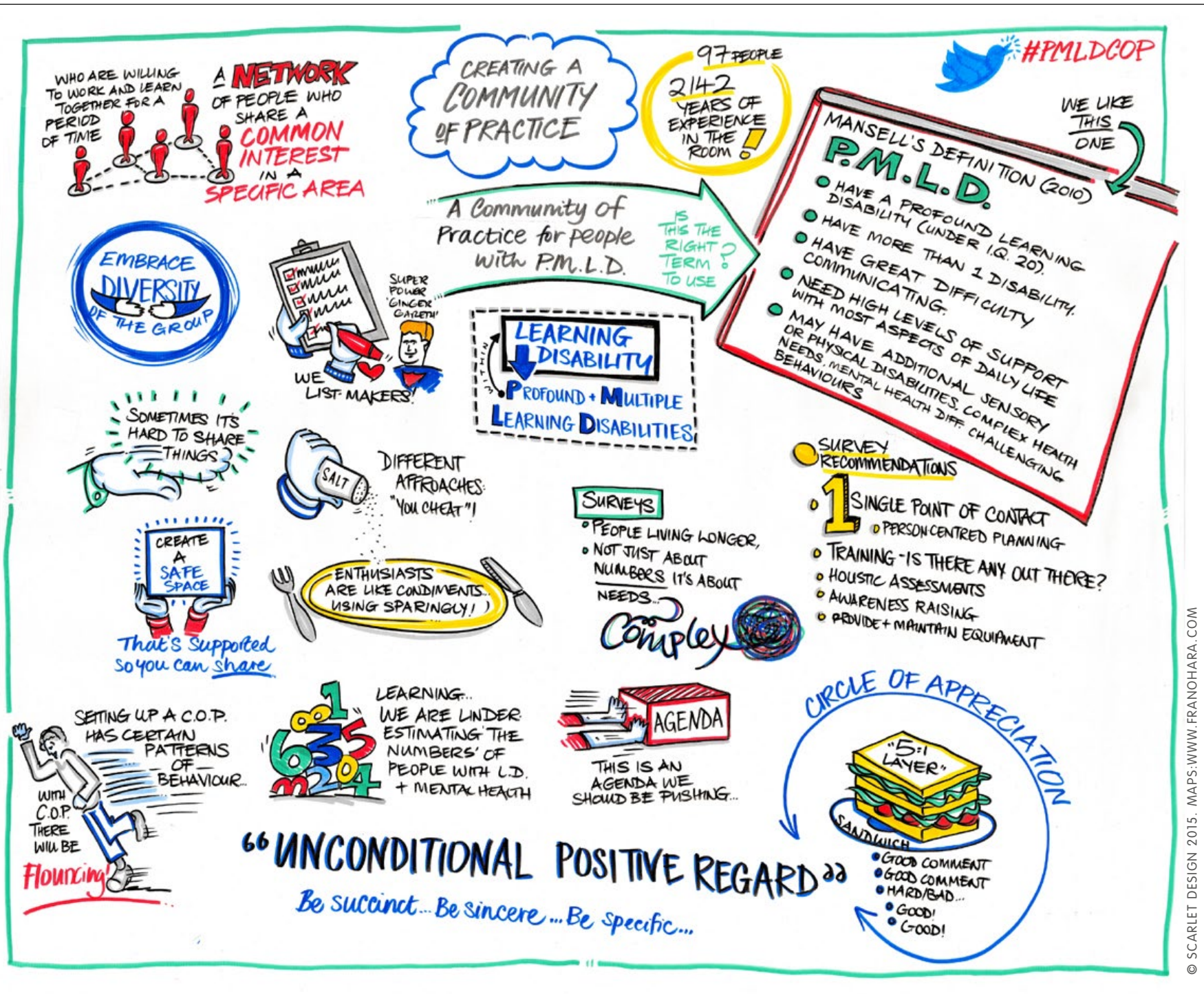
PMLD Community of Practice Launch

27 January 2015
SWALEC Stadium, Cardiff



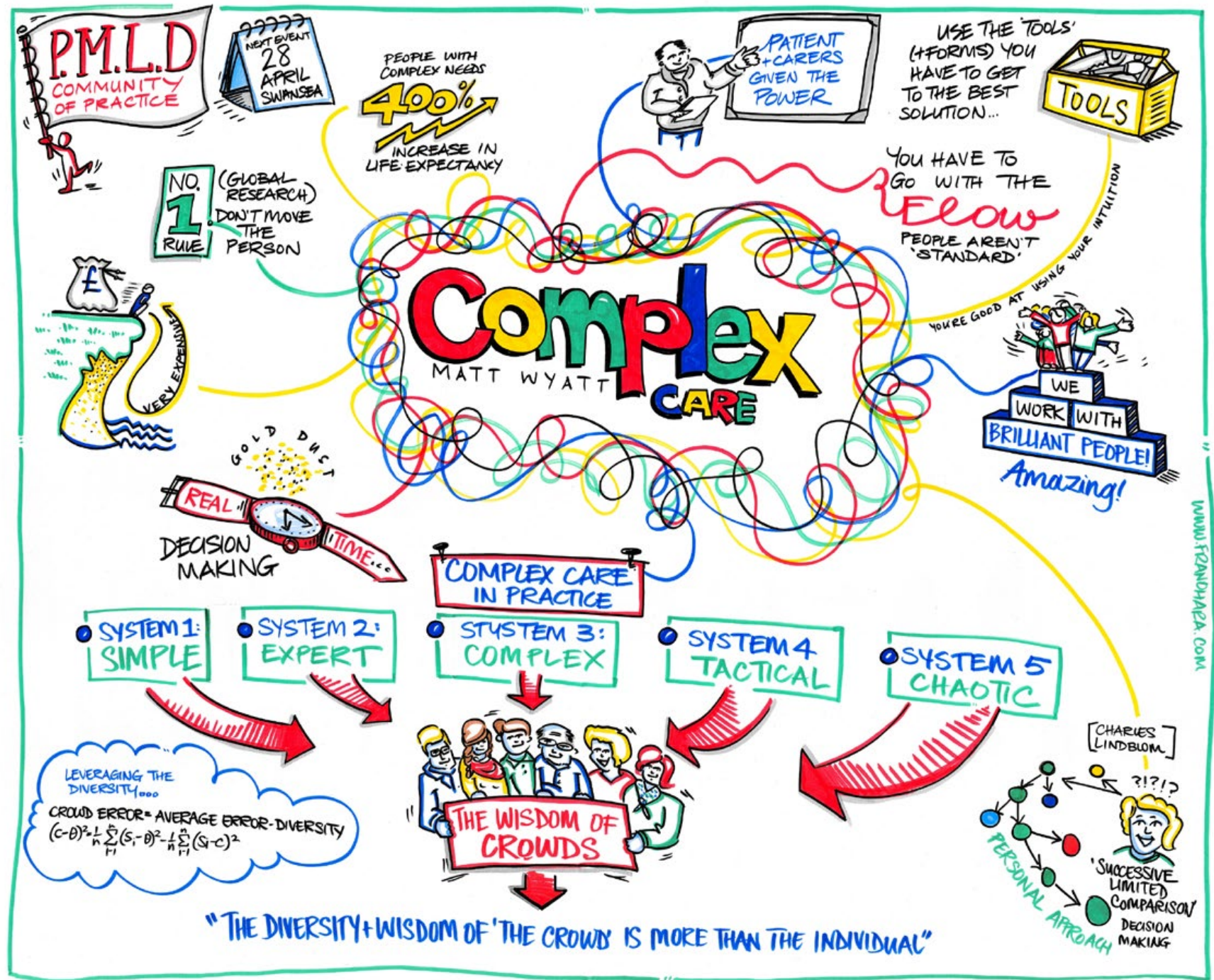
PMLD Community of Practice Launch

27 January 2015
SWALEC Stadium, Cardiff



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27 January 2015
SWALEC Stadium, Cardiff



ATTENDEE LIST

NAME	JOB TITLE	ORGANISATION
Karen Baker	Assistant Community Services Director	Independent Care Sector
Santina Boutell	Occupational therapist	Merthyr Tydfil CBC
Catherine Bright	Consultant Psychiatrist and Clinical Directore	Aneurin Bevan UHB
Simone Burgynn-Grant	-	Caerphilly CBC
Claire Campbell	Senior Social Worker	Monmouthshire CC
John Carroll	Lead Nurse	Aneurin Bevan UHB
Claire Celik	Speech & Language Therapist	Hywel Dda UHB
Susan Chappell	Senior Day Services Officer	Caerphilly CBC
Alexis Clayden	Team Lead	Aneurin Bevan UHB
Jo Clifton	Art Therapist	Aneurin Bevan UHB
Clare Cole-Young	Occupational Therapist	Aneurin Bevan UHB
Helen Cook	Physiotherapy Team Leader Adult Learning Disabilities	Aneurin Bevan UHB
Richard Cox	Senior Manager	Independent Care Sector
Claire Curtin	Specialist Trainee in Special Care Dentistry	Aneurin Bevan UHB
Gail Davies	Senior Day Service Officer	Caerphilly CBC
Wesley Davies	Clinical engineer	Cardiff & Vale UHB
Elizabeth Davies	Community Nurse LD	Hywel Dda CHC
Caroline Davies	Community Nurse LD	Hywel Dda UHB
Ffion Davies	Health Advocate	Carmarthenshire People First
Claire Davis	Team Manager	Newport CC
Polly Dawe	Occupational Therapist	Aneurin Bevan UHB
Sandra Dobbs	Manager	Monmouthshire CC
Christopher Edmunds	In One Place Programme Manager	Aneurin Bevan UHB
Debbie Edwards	Complex Needs Co-ordinator	Carmarthenshire CC
Non Elias	Communication Support Worker	Hywel Dda UHB
Gail Elwell	Health liaison Nurse	Aneurin Bevan UHB
Bethan Evans	lead Physiotherapist	Hywel Dda UHB
Jessica Faulkner	Staff Nurse	Abertawe Bro Morgannwg UHB
Sarah Francis	OT Technical Instructor	Aneurin Bevan UHB

ATTENDEE LIST

NAME	JOB TITLE	ORGANISATION
Mrs Gray	-	Other
Samantha Green	Clinical Psychologist	Aneurin Bevan UHB
Sue Greening	Consultant in Special Care Dentistry - Clinical Director of Community Dental Service ABUHB	Aneurin Bevan UHB
Jo Griffin	Head of Occupational Therapy	Abertawe Bro Morgannwg UHB
Christine Griffiths	Head of Speech and Language Therapy ALD	Abertawe Bro Morgannwg UHB
Lynne Griffiths	Senior Skills Worker	Torfaen CBC
James Griffiths	Day Service Development Manager	Monmouthshire CC
Brenda Guest	HCA LD	Hywel Dda UHB
Catherine Hadrill	Occupational Therapist	Powys tHB
Sarah Hancock	Speech and Language Therapist	Hywel Dda UHB
Aimee Hansford	Community Nurse	Hywel Dda UHB
Nicola Harmer	Physiotherapist	Abertawe Bro Morgannwg UHB
Mrs Hewer	-	Other
Maggie Higgins	Communication Development Officer	Abertawe Bro Morgannwg UHB
Debra Hillman	Health team manager	Aneurin Bevan UHB
Jaime Horn	clinical psychologist	Powys tHB
Caroline Hucker	Speech & Language Therapist	Aneurin Bevan UHB
Louise Hughes	-	Caerphilly CBC
Mike Jackson	Social Worker	Blaenau Gwent CBC
Ceri Johnson	Occupational Therapist	Powys tHB
Angela Jones	Principal Speech and Language Therapist	Abertawe Bro Morgannwg UHB
Alison Jones	Project Worker	Powys People First
Julie Kendall	General Manager - Mental Health and LD	Aneurin Bevan UHB
Sarah Kimber	Principal OT	Torfaen CBC
Veronica Legge	Team Leader	Together for Health
Karen Lewis	Speech and LanguageTherapist	Abertawe Bro Morgannwg UHB
Helen Lloyd	Service Manager	Newport CC
Tracey Lloyd	Macmillan Clinical Nurse Specialist, Learning Disability	Hywel Dda UHB
Sue Loizos	Programme Support Team Manager	1000 Lives Improvement Service

ATTENDEE LIST

NAME	JOB TITLE	ORGANISATION
Diane Maddocks	LD Team manager	Caerphilly CBC
Sue Marcus	Speech Language Therapist	Hywel Dda UHB
Linda Marshall	Team Leader	Aneurin Bevan UHB
Melanie Marshalsey	Communication Support Worker	Hywel Dda UHB
Joanna Matthews	Band 6 Occupational Therapist	Aneurin Bevan UHB
Gaynor Mazurczak	-	Caerphilly CBC
Siobhan McClelland	Vice Chair	Aneurin Bevan UHB
Adele McCormick	Highly Specialist Physiotherapist - Learning Disability	Abertawe Bro Morgannwg UHB
Lorraine McGrath	Senior Manager	Independent Care Sector
Nigel Miller	Therapies Lead	Hywel Dda UHB
Yvonne Miller	SALT	Hywel Dda UHB
Craig Mohring	Senior Manager	Independent Care Sector
Maria Nicholas	Social Worker	Torfaen CBC
Angela O'Callaghan	Regional Manager	Mencap Cymru
Chris O'Connor	Divisional Director Mental Health and LD	Aneurin Bevan UHB
Fran O'Hara	MD and Owner	Scarlet Design
Sarah O'Sullivan	Community Learning Disability Nurse	Powys tHB
Heather Organ	-	Caerphilly CBC
Helen Painting	Social Worker	Monmouthshire CC
Ramanand Palanichamy	Highly Specialist Physiotherapist	Abertawe Bro Morgannwg UHB
Rebecca Palfrey	Speech and Language Therapist	Hywel Dda UHB
Michael Parfitt	Community Nurse	Abertawe Bro Morgannwg UHB
Wendy Parry	social care assessor	Monmouthshire CC
Carolyn Penn	Community Dietitian LD	Aneurin Bevan UHB
Rachel Philbrick	project manager	Other
Silva Phillips	Senior Manager	Independent Care Sector
Janice Powell	Occuapotional Therapist	Aneurin Bevan UHB
Dawn Pridham	OT manager	Newport CC
Steve Rees	Residential manager	Aneurin Bevan UHB

ATTENDEE LIST

NAME	JOB TITLE	ORGANISATION
Amanda Rees	SALT	Hywel Dda UHB
Stacey Rees	Community Nurse	Abertawe Bro Morgannwg UHB
Alison Robbins	Case Manager	Aneurin Bevan UHB
Tracy Roberts	Community Services Manager	Caerphilly CBC
Calvin Ruck	B7 Transition Physiotherapist	Aneurin Bevan UHB
Colin Russell	Communication Support Worker	Hywel Dda UHB
Keith Self	Social Work Team Manager	Powys CC
Caroline Smith	student nurse LD	University of South Wales
Barbara Strobel	Occupational Therapist-LD	Hywel Dda UHB
Rosemary Swain	Occupational Therapist	Hywel Dda UHB
Hayley Tarrant	General Manager Learning Disabilities	Powys tHB
Helen Thomas	Professional Lead for OT in Learning Disability Services	Aneurin Bevan UHB
Rebecca Thomas	Student Nurse	University of South Wales
Andrea Thomas	Community Support Worker	Blaenau Gwent CBC
Vanessa Townsend	Occupational Therapist	Cardiff Community Learning Disability Team
Rachel Walters	Staff Nurse	Abertawe Bro Morgannwg UHB
Jayne Whittaker	Physiotherapist	Abertawe Bro Morgannwg UHB
Marielle Wilcox	Trainee Clinical Psychologist	Cardiff University
Lynda Williams	Team Manager	Caerphilly CBC
Penny Williams	Occupational Therapist	Abertawe Bro Morgannwg UHB
Dana Williams	Occupational Therapy Student	Powys CC
Jon Willis	Clinical Psychologist	Betsi Cadwaladr UHB
Ron Woods	Community Services Director	Independent Care Sector
Sue Wright	Service Manager	Caerphilly CBC
Jim Wright	Manager	Torfaen CBC
Nesta Yorke	Staff Nurse	Aneurin Bevan UHB
Elaine Young	Speech and Language Therapist	Powys tHB