Tees, Esk and Wear Valleys
NHS Foundation Trust

Joint Working Protocol for Adults with Learning Disabilities and Mental Health Problems

(A standard operating procedure)

Ref CLIN-0024-v8

Status: Approved
Document type: Protocol

Contents

1 Purpose

Following this protocol will help the Trust to:-

1.1 This protocol is for adult service users who have needs arising from the combination of having both a learning disability and mental health problems. Their primary needs may relate to either their learning disability or their mental health problems or may arise from a complex interplay of the two. Service users may need to be supported by mental health services, older people's mental health services, learning disability services or in collaboration across services. Learning disability cannot be an exclusion criterion from any adult mental health service. Similarly, mental ill health cannot be an exclusion criterion from any learning disability service.

1.2 It is recognised that the majority of people with a learning disability live in community settings. The main points of contact for their care are the community team for people with learning disabilities (CTLD) and the primary health care team. Similarly, the majority of people who have serious mental health problems receive their care from community mental health teams (CMHT).

1.3 It is important to recognise that people who have specialised or complex needs require access to appropriately skilled and knowledgeable professionals who are able to undertake assessment, intervention, support and monitoring to enable them to remain within their communities. This is especially true for people who have a learning disability and mental health problems throughout their lifetime.

1.4 This protocol applies to all adults who have a diagnosed learning disability and who experience mental ill health and has been developed by representatives of Learning Disability, Mental Health Services for Older People (MHSOP) and Adult Mental Health (AMH) services. It clarifies the operational arrangements around people with a dual diagnosis in order to ensure that service users are seen efficiently and supported from services either solely or jointly as appropriate.

1.5 This protocol does not apply to older people with organic mental illnesses, children and young people due to the specific needs of these groups.

2 Related Documents

2.1 This protocol aims to appropriately direct resources in order to meet the needs of people with a dual diagnosis in accordance with the requirements of:-

- ✓ Valuing People Now
- ✓ National Service Framework for Mental Health Services
- ✓ Green Light
- ✓ New Horizons
- ✓ The Equality Act 2010

2.2 Valuing People emphasises that mainstream services should be accessed by people who have learning disabilities, in the same way as the rest of the population.

2.3 There is an emphasis within these documents that;

- Services should be integrated as far as possible into local generic services
- Ease of service access should be assured
- Services should make reasonable adjustments to facilitate this in accordance with the Equality Act 2010
- Coherent and consistent care pathways should be developed and followed

- Individualised assessments and care packages, including care plans should be provided,
- There should be an emphasis on prevention of mental ill health within the learning disabled population
- There is a need for effective working relationships with primary care services, as well as specialist secondary and tertiary health services and social care providers. These relationships should be underpinned by relevant partnership agreements.
- Services must work in partnership with service users and their carers
- Assessment and intervention should be provided within the least restrictive environment, and based upon the philosophy of person centred approaches.

3 Principles and scope of the Protocol

3.1 All service users should be dealt with by the services which are best able to meet their needs. Some individuals needs do not fit neatly in to service provision. The onus is upon the services to collaborate in order to meet the needs of the individual.

3.2 The assessment needs of a service user may indicate that a transfer across to either learning disability or mental health services should be considered. Any transfer of care from learning disability to adult mental health services and vice versa should be done with the minimum of disruption and upset to the service user involved and careful planning and discussion between teams

3.3 Any transfer or support between services should be arranged in accordance with the following guidance during normal working hours.

3.4 Joint assessments will aim to identify who should provide treatment and where it should be provided. Joint assessments should be planned in a person centred manner that meets the needs of the service user and their carers', and utilises the skills and services available within both learning disability and adult mental health teams (Adult or Older Person).

3.5 If a staff member believes a person has been denied access, or received a substandard service as a result of discrimination due to their learning disability or mental health issue they must report this following the Trust incident reporting procedure (Appendix 3).

3.6 All service users to whom this protocol applies will be supported in accordance with the Care Programme Approach (CPA) policy. The care co-ordinator may be either a member of the LD service, MHSOP or AMH service. Service users who are designated as standard care will have a lead professional coordinating their care.

3.7 This protocol will require regular monitoring and audit to evaluate and respond to local and national policy practice guidelines and the needs and views of service users and carers.

4 The Clinical Interface Protocol

4.1 The protocol applies to all service users over the age of 18 years and those over the age of 65 who have a functional mental illness. There must be a confirmed diagnosis of learning disability, or alternately strong clinical evidence in support of such a diagnosis. Additionally, there must be strong clinical evidence of mental health problems of greater severity than would ordinarily be addressed by primary care providers.

4.2 In the case of new referrals, the team who initially receives the referral will process it as usual, undertaking an initial comprehensive assessment. This team will hold the case and progress it as far as possible until it is decided that a joint assessment may be necessary. At this stage this protocol will be activated.

4.3 Similarly, the protocol may be initiated where a service user is already receiving a service, if it is felt that joint work is required.

4.4 An initial meeting will be convened to discuss the need to activate the protocol. The meeting should include appropriate staff from age appropriate mental health and learning disability services, as well as the service user's care manager, care co-ordinator or lead professional.

4.5 Within this meeting a period of joint clinical assessment will be agreed. At this stage a review date will be set to discuss the assessment outcomes and future work required. A decision whether the service user is to be registered on CPA as enhanced or standard care will be made at this meeting.

4.6 Where a service user has an allocated care manager, care co-ordinator or lead professional it will be the responsibility of that person to co-ordinate the care.

4.7 In the case of newly referred service users; the service that initially received the referral will identify a person to co-ordinate the care process.

4.8 At the end of the period of joint assessment a meeting is to be held to identify how best the two services can meet the assessed needs of the service user. This may involve joint working or, in some cases, a complete transfer of care to the other service.

4.9 The original service will retain lead responsibility until any handover is completed.

5 Good Practice

5.1 Clear clinical leadership is important to give clarity of care and decision making. The care co-ordinator or care manager will be responsible to ensure that this happens.

5.2 The care co-ordinator must ensure the following occur when an individual's care plan is based upon collaboration between services

- Discussions with service users are as early as possible about their ongoing care needs
- Comprehensive risk assessment
- Contingency plan with identified relapse signatures
- Consultation with families and carers occur where appropriate • Assessments and CPA reviews include assessments of carer needs.
- A copy of the care plan is agreed and shared with the service user.
- Where a person is accessing services from both mental health and learning disability services, the written care plan specifies what support each service can expect from the other.

5.3 A multi-disciplinary team approach should draw upon the expertise of the learning disability and mental health service.

5.4 A comprehensive assessment of support needs to be included in the care plan. The support plan should include a person centred care plan identifying service users' views, housing, employment, financial, carer needs, and social care needs as well as medical and nursing needs.

5.5 Transition between adult mental health services and learning disability services should be recognised and planned for as soon as possible in line with Trust policy and local arrangements.

6 Arbitration Process

6.1 Access and admission decisions must always be taken on the basis of assessed need.

6.2 Disputes should be pursued promptly and not be to the detriment of the service user.

6.3 Arbitration may have a clinical or management focus.

6.4 Where learning disability and mental health services cannot agree responsibilities for provision of a care package, it is expected that the relevant team managers will meet to resolve the matter locally and amicably.

6.5 In exceptional circumstances where agreement has not been reached, discussion will take place between Heads of Service who may take clinical advice if necessary to achieve resolution.

7 How this protocol will be implemented

- This protocol will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

8 How the implementation of this procedure will be monitored

8.1 This protocol will be reviewed and amended as a part of the audit and evaluation cycle every three years.

9 Further information, Useful Links and Resources

Reasonable Adjustments

Further information on making reasonable adjustments can be found here:-

First Steps – Reasonable adjustments for people with disabilities

And examples include

- Extending the standard assessment phase in order to add an extra assessment visit or two.
- LD services offering support & advice when the service user does not have a LD but does have communication difficulties.

Greenlight Toolkit 2017– a self-improvement audit tool from the National Development Team for Inclusion (NDTi).

NHS Improvement – Learning Disability Improvement Grab Guides

Accessible Information:-

The Patient and Carer Information folder, found here on the T drive has many 'easy read' versions of information (marked ER) and also has a bank of images to use when producing bespoke information.

It is hoped that all teams and wards in the Trust will have an easy-read brochure about their service, stored there.

ABAS – *to here when located*

Personalise the flowcharts from Appendix 1 or 2 and add to your teams Visual Control Board – Including "Phone a friend "– if you don't know who – find out!

10 Document control

Date of approval:	18 July 2019	
Next review date:	31 October 2023	
This document replaces:	CLIN/0024/v7	
Lead:	Name	Title
	Jacky Richardson	Service Development Manager - ALD
Members of working party:	Name	Title
	Denise Colmer Sally Bell Kirsty Passmore Sarah Walker David Hamilton Verity Burton Lynne Taylor Emma Knowles Neel Murugesan Helen Mumby Stacey Pollington	Service Development Manager - AMH Senior Clinical Director – AMH Senior Clinical Director – ALD Head of Service – NY&Y ALD Community Team Lead – ALD Community Team Lead – AMH Strategic Health Facilitator – ALD Clinical Lead Nurse – ALD Clinical Director – D&D ALD Community MH Nurse–NY&Y MHSOP Community Team Lead – NY&Y MHSOP
This document was approved by:	Name of committee/group	Date
	AMH,MHSOP & LD Service Development Groups	18 July 2019
This document was ratified by:	Name of committee/group	Date
	AMH,MHSOP & LD Service Development Groups	18 July 2019
An equality analysis was completed on this document on:	18 July 2019	

Change record

Version	Date	Amendment details	Status
V8	18 July 2019	New version	Published
V8	30 Mar 2021	Review date extended to 16 Jan 2023	Published
V8	May 2023	Review date extended to 31 October 2023	Published

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Learning Disability (LD), Adult Mental Health (AMH) and Mental Health Service for Older People (MHSOP) Specialties.					
Name of responsible person and job title	Jacky Richardson, LD Service Development Manager (SDM)					
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Denise Colmer, AMH SDM Sharon Tufnell, MHSOP SDM Sally Bell, AMH Senior Clinical Director Kirsty Passmore, LD Senior Clinical Director					
Policy (document/service) name	Joint Working Protocol for Adults with Learning Disabilities and Mental Health Problems					
Is the area being assessed a…	Policy/Strategy		Service/Business plan		Project	
	Procedure/Guidance			✓	Code of practice	
	Other – Please state					
Geographical area covered	Trust Wide					
Aims and objectives	This protocol aims to facilitate collaborative working between all services for adults within the Trust across their lifetime to ensure that people receive the care they need in a flexible and person centered manner.					
Start date of Equality Analysis Screening	18th July 2019					
End date of Equality Analysis Screening	17th September 2019					

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

All adults from 18 years to over 65 years who require care from service especially those who present with a complex mix of needs and requirements where collaborative and multi-disciplinary working will achieve best outcomes.

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Race (including Gypsy and Traveller)	No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	No	**Sex** (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	**Age** (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	No

Yes – Please describe anticipated negative impact/s

No – Please describe any positive impacts/s

This Joint working protocol will positively overcome discrimination and restrictions on people because it lays the foundation for services to meet an individual's needs in a person centred way; endorsing and franchising collaborative, collective, multi-specialty working focused on meeting the needs of a person as the priority as opposed to a 'best fit' approach.

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	✓	**No**	

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports		• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

Staff and service user group have been consulted and their feedback acted upon.

No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?					
No	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff	No	Service users	No	Contractors or other outside agencies	No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
The completed EA has been signed off by: You the Policy owner/manager: Type name: Jacky Richardson				Date: 18th July 2019	
Your reporting (line) manager: Type name: Kirsty Passmore				Date: 18th July 2019	
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046					