



Protocol for people with a learning disability accessing adult mental health services, drug and alcohol services and community services

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Type of document	Protocol
Target audience	Staff within mental health, community services, learning disability and drug and alcohol services.
Document purpose	The aim of this protocol is to ensure that people with a learning disability have fair and equitable access to both the learning disability clinical service unit and all other adult services within clinical service units of Cheshire and Wirral Partnership NHS Foundation Trust should they require NHS care and treatment.

Document consultation	Service leads / PCT commissioners	
Approving meeting	Board of Directors	7-Dec-11
Ratification	Document Quality Group (DQG)	14-Dec-11
Original issue date	Feb-06	
Implementation date	Nov-11	

CWP documents to be read in conjunction with	HR6	Trust-wide learning and development requirements including the training needs analysis (TNA)
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Training requirements	There are no specific training requirements for this document.
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Financial resource implications	No
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Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		

Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	N/A	
• What alternatives are there to achieving the document without the impact?	N/A	
• Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Document change history

Changes made with rationale and impact on practice
1. Inclusion of Community Care Western Cheshire

External references

References
<ol style="list-style-type: none"> 1. Valuing People a new strategy for learning disability from the 21st century Valuing People, the Department of Health's Strategy for learning disability services, states clearly that the National Service Framework for mental health applies to adults with learning disabilities (Department of Health 2001). 2. National Service Framework for Mental Health' DOH HSC 1999/233: LAC (99)34. 30.09.99 3. Department of Health: Specialist Services National definition Set. 10 December 2002 4. Care Quality Commission Essential Standards of Quality and Safety, December 2009. 5. High Quality Care for All, DOH, ISBN 978-0-10-174322-8, Darzi (2008) 6. New Horizons: a shared vision for mental health, 299060 Gateway reference: 13044, DOH (2009)

Monitoring compliance with the processes outlined within this document

Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.	
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1. Aim of the protocol

The aim of this protocol is to ensure that people with a learning disability have fair and equitable access to both the learning disability clinical service unit and all other adult services within clinical service units of Cheshire and Wirral Partnership NHS Foundation Trust should they require NHS care and treatment.

This protocol is designed to ensure that people with a learning disability have access to mental health services as described within the National Service Framework (NSF) for Mental Health and the Government White Paper "Valuing People - a new strategy for learning disability for the 21st century", High Quality Care for All (Darzi 2008) and also the New Horizons documents published by DOH 2009.

The protocol describes the local interpretation of the national policy context in which the continuation of two service provider systems (i.e. distinct learning disability services and mental health services) exist, working closely together to provide specialist services for adults with a learning disability who also require access and support from other local clinical health services¹..

A significant role for specialist services is to provide mental health assessment, intervention and evaluation for people with learning disabilities and mental health problems. The Trust's dedicated learning disabilities services also have additional roles:

- Reducing behavioural problems (challenging behaviour) in people with learning disabilities who do not have diagnosable mental health problems.
- Supporting Primary and Secondary physical health care in meeting physical health care needs of people with learning disabilities.
- Improving communication.
- Supporting the management of complex conditions associated with learning disability.
- Provision of specialist assessment and treatment services within in patient and community settings
- Developing research, audit and continued learning.

2. Context

Statement and scope of protocol

The overall aim of the protocol is to ensure that adults with learning disabilities who access any adult CWP services have their needs met in relation to mental health and learning disabilities issues. This will be done by using the expertise of the Trust's learning disability services, drug and alcohol services, mental health services and community services.

3. Procedure

Key principles

The following key principles describe the Trust's approach to providing services to people with learning disabilities who also have other health problems.

Cross system access. People with learning disabilities are entitled to receive support from the mental health service system, drug and alcohol services and community services as well as the learning disability service system. People will, if their needs are best met this way, be served through a partnership between the clinical health services and learning disability services rather than being allocated to one service.

For people with a learning disability and a mental health problem a care co-ordinator will be appointed under Care Programme Approach (CPA) to lead the partnership created between the mental health services and learning disability services to deliver the care plan for an individual. The service from which the care co-ordinator comes is the lead service for that individual.

¹ Throughout this document all clinical services within the Adult Mental health, Drug and Alcohol and Community service units will be referred to as "clinical health services".

The care co-ordinator is authorised to access services from both learning disability and any CWP adult clinical health service.

The greater the extent of the person's intellectual impairment the more likely it will be that the learning disability service will be the lead service for that individual and provide care co-ordination.

Trust clinical health services will be accessible to people with learning disabilities that are experiencing mental and physical health problems. The presence of a learning disability or previous / ongoing involvement with learning disability services will not be exclusion criteria for any mental health service.

Learning disability services will be accessible to people with mental health problems who have learning disabilities and who meet the access criteria. Mental health problems or previous/ongoing involvement with mental health services will not be exclusion criteria for any learning disability service.

The Trust's learning disabilities services will work in partnership with mainstream clinical health services to support skills development within the workforce to serve people with learning disabilities.

The Trust is currently not commissioned to provide a specialist service to support people with Aspergers Syndrome who do not have significant intellectual impairment or mental health problems.

4. Cross clinical service unit access

People with mental health problems and learning disabilities may require support from mental health services, drug and alcohol services or community services as well as learning disability services. The cross clinical service unit access that the Trust operates means that people are entitled to help from both trust learning disability services and other clinical health services. The persons care co-ordinator, taking into account the persons wishes and preferences, will work with the person to design a person centred care plan that uses resources from both the clinical health services and learning disabilities services, for example partnership working between mental health services and learning disability services.

The Trust dedicated learning disability services have experience and expertise in working with people with learning disabilities. It is part of their role to pass on these skills and expertise to other CWP services. The trust mental health services have experience and expertise in working with people with mental health problems. It is part of their role to pass on these skills and expertise to other clinical services. Each service will offer the following intervention to support the other:

- Consultancy and supervision about the needs of individual patients to colleagues;
- Work shadowing opportunities to colleagues;
- Formal training and educational sessions.

Each service will develop information leaflets and appropriate training programmes to inform and orientate staff to services this will be via local training groups.

When a person with learning disability and mental health needs is admitted to a mental health bed, advice and supported will be afforded by the learning disability service.

5. Care co-ordination

Cross Clinical Service Unit access requires effective care coordination. A professional from the responsible service must be clearly identified as the care co-ordinator. The greater the extent of the person's intellectual impairment the more likely it will be that the learning disability service will be the lead service for that individual and provide care co-ordination.

The authority of this care co-ordinator, derived from their person centred alliance with the service user, will be recognised by all adult clinical health services and learning disability services. Care co-ordinators will need to be particularly persistent and assertive in ensuring that people receive the services they need. For people on CPA an associate worker should be identified. For instance, if the care co-ordinator is from mental health services the associate worker should be from learning disabilities services.

Cross clinical service unit working poses significant challenges to care co-ordinators. Care co-ordinators who are likely to be working with people with learning disabilities and mental health problems require a working knowledge of both service systems.

6. Knowledge and skills

The acquisition of a basic level of competence in working with people with learning disabilities is a developmental requirement for all staff working in general clinical health services. Mental health staff are usually experienced in working with people with communication impairments, cognitive problems, and problem solving difficulties. All other staff will be supported and empowered to use the skills they already have and are expected to develop further expertise in working with people with learning disabilities. Learning disabilities services will provide the training, supervision, or work shadowing/joint working to assist with this development.

The acquisition of a basic level of competence in working with people with mental health problems who have learning disabilities is a developmental requirement for all staff working clinically in learning disabilities services. Mental health services will provide appropriate supervision, consultancy, training and work sharing opportunities.

Managers will explore the issue of knowledge and skills around working with people with learning disabilities and mental health problems under **Core Dimension 1 – Communication and Core Dimension 6 – Equality and Diversity of the Knowledge and Skills Framework**.

Consultants from learning disability and mental health services will ensure that joint working occurs to provide consistency in the implementation of NICE guidance and other relevant guidance.

7. Integrated care pathways

The process of providing care to people in certain need/diagnostic groups is developmental across the newly established Clinical Service Units and is integral to the integrated mental health and learning disability contract. This will require the development of integrated care pathways. These care pathways describe care for people regardless of whether or not they have a learning disability. Specifically:

- The mental health inpatient acute care pathway, including access for adults with a learning disability;
- Community Mental Health Team (CMHT) pathway for adults with a learning disability.

Where there is a decision as to whether to follow a “mental health” care pathway or a “learning disability” care pathway (as there is for depression) the treatment option should be made as to which pathway is most useful taking into consideration clinical need.

8. Audit

Care Quality Commission Essential Standards of Quality and Safety – Involvement and Information Outcome 1: Respecting and involving people who use services

- Ensure personalised care, treatment and support through involvement;
- Promote rights and choices.

The implementation of this policy will be audited annually. The audit will focus on:

The action plan which underpins the 39 areas within the Green Light Toolkit and will be monitored via the Trustwide Green Light Toolkit group, Clinical Service Unit governance structures, Clinical Quality and Risk Group (chaired by NHS Western Cheshire) and Trust governance structure.

Are people with learning disabilities and mental health problems evident on the caseloads of adult teams and services?

Are there people with learning disabilities and mental health problems who are receiving a well co-ordinated package of care with elements of care from both mental health and learning disability services? (Cross service unit access).

Are learning disability services providing the necessary support and guidance to other clinical health services in order to work with people with learning disabilities?

Are all clinical health services providing the required level of help and support to learning disability services in working with people with their clients?

Are people with learning disabilities and accessing other adult services experiencing their service as joined up and well co-ordinated?

Are both their mental and physical health requirements and learning disability needs being met from their point of view?

9. Internal arbitration

A local resolution will be sought when the joint assessment does not identify the service unit responsible.

Following feedback from the professionals who undertook the assessment, it is the responsibility of the clinical directors to agree and resolve.

The outcome will be either:

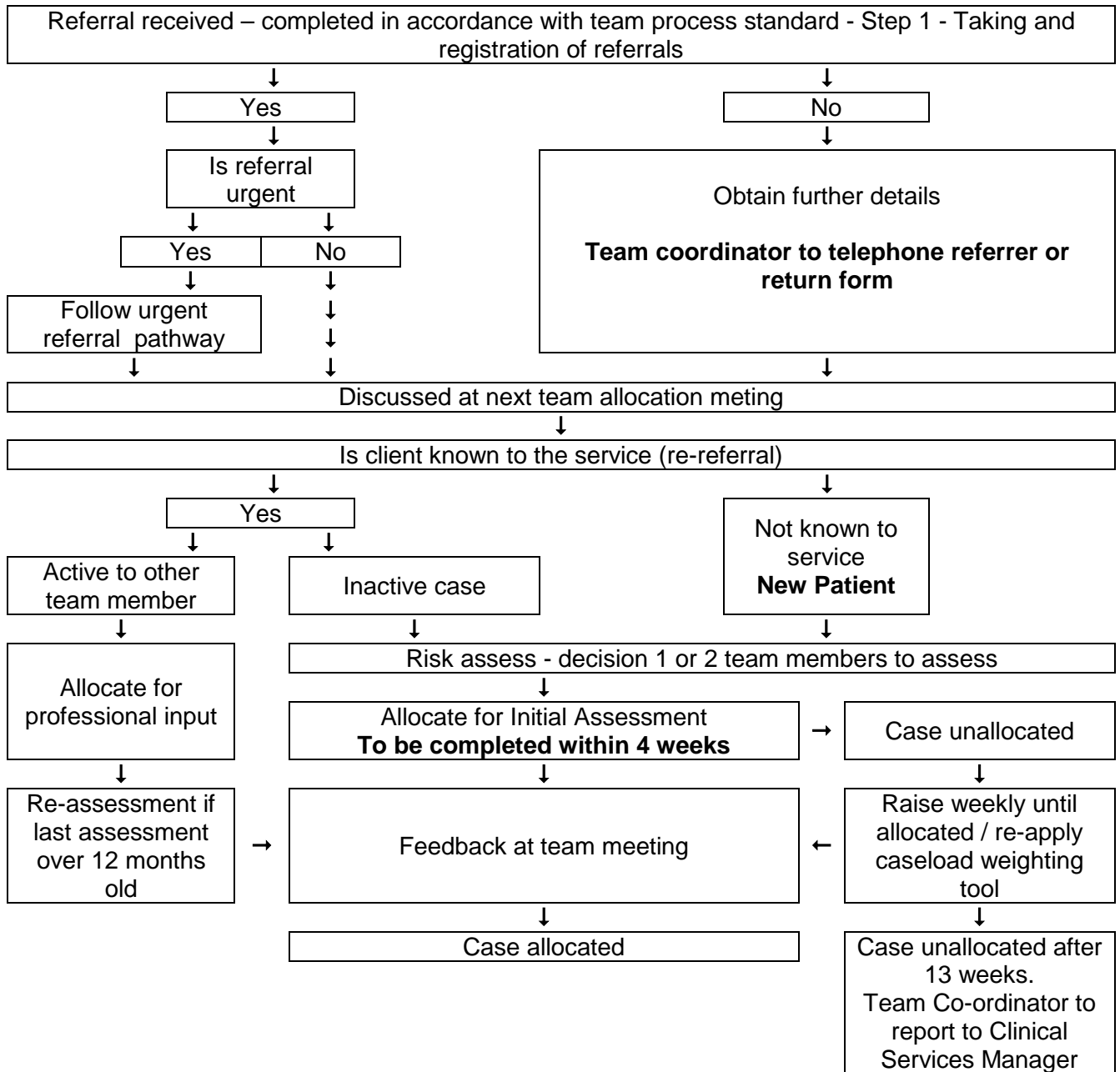
- a) A final decision identifying which service unit should take lead responsibility. This could include a shared responsibility arrangement

OR

- b) A request for further information which will lead to the clinical directors meeting again before making the final decision identifying which service unit should take lead responsibility

The clinical directors will review and compare ongoing outcomes so as to introduce a process of continual learning from experience and inform training and development requirements across the system. The decision will be made within 5 working days.

Appendix 1 - Learning disabilities community teams referral process



Appendix 2 - Urgent referral pathway

