FINAL VERSION

worcestershire countycouncil

Worcestershire NHS
Mental Health Partnership NHS Trust

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PROTOCOL: RESPONDING TO PEOPLE WITH LEARNING DISABILITIES WHO NEED SPECIALIST MENTAL HEALTH CARE, TREATMENT AND SUPPORT

1 INTRODUCTION

The White Paper "Valuing People" (DH 2001), updated in "Valuing People Now" (DH 2009), clearly states four key principles of Rights, Independence, Choice and Inclusion for people with learning disability. "People with learning disabilities are entitled to be treated with the same dignity and respect as any other member of the community" (Valuing People Now). It therefore stresses the need for people with learning disabilities to receive mental health services on the same basis as the general population, and clearly states an expectation that specialist mental health services will work with learning disability services to deliver an integrated approach that meets individual needs. "To maintain the momentum of change we now need to open up mainstream services, not create further separate specialist services". This adult and older adult protocol is a joint approach between Worcestershire Mental Health Partnership NHS Trust (WMHPT) and Worcestershire County Council Learning Disability (WCCLD) Service to enable a more joined up approach.

2 OVERALL AIM OF THE PROTOCOL

This Protocol provides staff with clarity around the role of the organisations, the services within them and the role of staff when a person with learning disabilities is believed to have mental health problems or vice versa, and assists those staff in explaining clearly to people with learning disability and their carers what services they can access.

- It ensures joint working between services.
- It promotes equality of access and treatment for people with a learning disability.
- It ensures that the transition process between services is of benefit to the service user rather than a hindrance.
- It is of clear benefit to practitioners as it guides their practice.
- The Protocol does not relate to Primary Care Services as it deals with secondary care only.

Principles

The following principles apply to all referrals between services whether urgent or routine:

- Staff in all services work together in the best interests of the person receiving the services, to ensure that services meet his or her needs. Service provision must overlap at the point of referral from one service to the other. The involvement of practitioners from one service must never cease abruptly when practitioners from the other service become involved.

- Anyone referred who meets the eligibility criteria receives a specialised assessment of need that wherever possible should be carried out jointly with a practitioner from the other service. For example where practitioners from a mental health team are carrying out an assessment on a person with learning disabilities there should also be a learning disability professional present at the assessment

- Assessments are organised by the service receiving the referral. Decisions on care and treatment are made **jointly** by knowledgeable specialist practitioners after full discussion of the person's presentation.

- Practice should comply with the principles of the Care Programme Approach (CPA). The Health Action Plan of the person with learning disabilities should be an integral part of the CPA care plan.

- IQ must not be a sole criterion for access to any service.

The test for whether these principles have succeeded for people with learning disabilities should be:

"Have all significant care and treatment decisions for the individual been made jointly by appropriately qualified practitioners from each service or at least been discussed and agreed together?"

3 ELIGIBILITY CRITERIA

This Protocol covers adults (people who are aged 18 and over) and older adults who potentially need a service from WMHPT Mental Health services.

People whose care and treatment is covered by this Protocol are likely to be:

People with a recognised learning disability whose mental health has deteriorated such that they may need specialist main stream mental health care.

It applies to people who may be "new" or "known" to organisations in Worcestershire and whose care is provided in any setting. While the aim of this protocol is to ensure that there is best practice between mental health and learning disabilities services it has to be recognise that each service does have its eligibility critieria. People with a learning disability who are experiencing psychiatric episodes will automatically meet the access criteria for MH Service provided by the WMHPT, although this service will met by a range of teams with differing roles and functions. In order to receive Social Care Services they will need to meet FACS eligibility criteria.

Staff from services must not, therefore, expect staff from the other to intervene directly or in consultation except where the eligibility criteria for their particular service have been met.

It is recognised that mental illness can interfere with functioning and make people who are not eligible for learning disability services appear as if they are. Further, people with autistic presentations or milder learning disabilities may not be eligible for learning disability services or have mental health problems but may well be vulnerable and experiencing social emergencies and may therefore require their needs to be met via the WCC vulnerable-adult process, following an Adult Community Assessment. The potential for vulnerability must be to the fore in every practitioner's thinking when applying this Protocol, policies concerning safeguarding children and adults apply to all organisations.

4 REFERRAL FOR SCREENING AND ASSESSMENT

NON-URGENT REFERRAL PROCESS

Referral for non-urgent assessment of any individual to a service, who is believed to have both a learning disability and be severely mentally ill, is made by telephone to the appropriate local WMHPT Community Adult Mental Health Team, Older Adult Mental Health Team or WCC Community Learning Disabilities Team. All teams in both services must hold full contact details of their local counterparts in the other services. **A list of all teams and contact details can be found in Appendix One**.

Non-urgent assessment will be co-ordinated by a named care co-ordinator from whichever team has received the referral in line with the service policies and procedures. The person who is being assessed and their carer(s) will have their views taken into account as far as possible. The assessment should wherever possible be joint, involving practitioner(s) from both services, or may be carried out by practitioner(s) from one service in active consultation with practitioner(s) from the other. The assessment process will include whatever professionals are appropriate and family carers where this is relevant.

The team receiving the referral must establish contact with the care co-ordinator in the other service to ensure all background information is available.

Assessment of the person's circumstances and needs will identify which staff are best placed to carry the care co-ordination responsibilities for ongoing care and treatment, taking into account which service holds the balance of care and treatment at any particular stage.

URGENT REFERRAL PROCESS IN BOTH SERVICES

An urgent referral is one where a response is needed within one working day.

Referrals to WMHPT: adults (aged 18-64)

In office hours (Monday – Friday 09.00 – 17.00), urgent referrals for people with learning disabilities and concurrent mental illness for assessment by WMHPT should be made by telephoning the duty service of the local Community Mental Health Team (CMHT).

Outside office hours, at weekends and on public holidays, referrals should be made by telephone to the local Crisis Resolution Home Treatment (CRHT) team.

Referrals to WMHPT: Older adults (aged 65+)

In office hours (Monday – Friday 09.00 – 17.00), urgent referrals for people with learning disabilities for assessment by WMHPT staff should be made by telephoning the duty service of the local Older Adult Community Mental Health Team.

Referrals to WCC: adults and older adults

In office hours (Monday – Friday 09.00 – 17.00), urgent referrals of people with learning disabilities for assessment by WCC Integrated learning disabilities services

should be made to the integrated teams situated in the North and South of the County.

Outside office hours, at weekends and on public holidays, referrals should be made by telephone to the emergency duty team of WCC.

CRISIS/EMERGENCY REFERRAL PROCESS

A crisis/emergency referral is one where a response is needed within 4 hours and where admission to an inpatient unit is indicated.

Referrals to WMHPT: adults (18-64)

At any time, crisis referrals of people with learning disabilities should be made by telephone to the local CRHT team.

Referrals to WMHPT: Older Adults (aged 65+)

The same process as applies as for urgent referrals (see above).

Referrals to WCC: all ages

As for urgent referrals (see above).

Presentations at Accident & Emergency (A&E)

People presenting in crisis at A&E who have a learning disability and a mental health problem should also be seen and assessed wherever possible jointly by staff from both services. Within office hours, for mental health, this is the A&E Psychiatric Liaison team. For the Learning Disabilities services their Acute Liaison Team or Integrated Community Team. Whichever team attends should do so having made contact with their counterparts in the other service.

Out of hours people presenting at A&E with a learning disability and mental health problem are likely to be referred to the Crisis Resolution Home Treatment Team. The Crisis Resolution Home Treatment Team should liaise with the emergency duty team from Worcester County Council.

5. IN-PATIENT ADMISSION AND CARE

Admission to WMHPT In-Patient Facilities

Adults possibly needing admission to an acute inpatient unit are assessed for possible home treatment first by the local CRHT team.

Older adults possibly needing admission to an older adult inpatient unit should be referred to the Older Adult Community Mental Health Team

Adults with learning disabilities who have been assessed for treatment and their needs cannot be met by CRHT teams or acute inpatient facilities will be referred to the integrated learning disability teams in the North and South of the County. The Consultants for learning disability services are responsible for identifying an appropriate type of service.

All admissions to WMHPT inpatient facilities are undertaken in accordance with Trust operational policies, procedures and guidelines, and in keeping with the provisions of CPA.

Admission under the Mental Health Act 1983, as Amended by the Mental Health Act 2007

Role of the Approved Mental Health Professional

The Approved Mental Health Professional (AMHP) involved in the assessment will arrange transfer to the place of admission when the Mental Health Act (MHA) 1983, as Amended by the Mental Health Act 2007 has been used. The AMHP must follow the Mental Health Act 1983, as Amended by the Mental Health Act 2007 Code of Practice in seeking the advice of a learning disability specialist if he or she is not one. Ideally, a doctor from learning disability services will attend the assessment but where this is not possible another professional from the appropriate Learning Disabilities Team should attend to offer specialist advice.

It is recognised that in certain situations this may not be possible, for example out of hours and/or if the client is becoming acutely distressed. In this case a specialised assessment by a doctor from the Learning Disabilities Service must be arranged within 24 hours, Monday to Friday, or as soon as possible where weekends and Bank Holidays intervene.

Section 136 referrals

Where the police place someone under Section 136 of the Mental Health Act 1983, as Amended by the Mental Health Act 2007 that person is taken to a place of safety as designated in the Act. The place of safety is the Police 136 Suite at the Elgar Unit, Newtown Hospital, Worcester. In exceptional cases, a person may be detained in a Police station should their behaviour warrant it.

If the person undergoing a Mental Health Act assessment is known to learning disabilities services then one of the section 12 doctors should be from the learning disability service. If this is not possible then arrangements should be made for another professional from the Learning Disability Service to attend the assessment to offer specialist advice.

Currently it is not possible to provide either a doctor or another professional to attend mental health act assessments under Section 136 that take place out of hours.

Professional support whilst in inpatient units

Advice and support between services

All staff of both WMHPT and WCCLD should be committed to advise and support their counterparts who are caring for someone admitted as a result of processes described in this protocol. Local negotiations must take place to determine the level of reasonable input, however, this should be with due attention to the underlying principle of this protocol that all staff must operate together in the best interests of the person receiving the services. Should there be any dispute about this, then the rationale for decisions must be recorded.

Reviews will include staff from both specialities so that inpatient care, discharge and aftercare are properly planned.

Enhancing Staffing Levels

People with severe learning disabilities who have mental health needs and are in WMHPT units may well need extra dedicated support staff to meet those needs. If there is a need for extra staff this should be agreed at admission and reviewed at each care plan review under CPA. Extra staff will be accessed via the bank if necessary

Decisions about extra support should not prevent inpatient staff from receiving extra training and/or skills development to enable them to deal with a service user with severe learning disabilities who has mental health needs.

In some cases it may be agreed that their needs are such that it would not be appropriate to be placed in the mental health inpatient units. This would have to be a joint decision between teams.

Consultant Psychiatrist Responsibility

When a person with learning disabilities is admitted to an inpatient unit or accepted by a community team, the Responsible Clinician role will be fulfilled by the inpatient Consultant. In all cases there will be liaison between the Responsible Clinician and other consultant colleagues involved in the care of the individual.

Where a WMHPT consultant has taken the role of Responsible Clinician, medical responsibility will be passed back to a learning disabilities colleague when the service user is transferred back to learning disabilities services under CPA.

Onward referral to a tertiary service in WMHPT

Once in the care of WMHPT, a service user with learning disabilities who is subject to the Protocol may require referral on to a tertiary service such as Psychiatric Intensive Care Unit. In any such case, transfer will only take place once it has been firmly established with the WCC professional (and fully documented) that no alternative facility is available that might better meet the needs of the service user.

Discharge

Discharge of a person normally under the care of one service who has been receiving care from the other is always

- Fully negotiated with the referring professional and team, including both relevant consultant psychiatrists
- Fully planned and documented by both services practitioners
- Agreed where possible with the patient and his or her carer(s)
- Based on a full plan of support including contingencies and risk management
- Crisis Resolution Home Treatment may be able to support the early discharge of a service user with learning disabilities if appropriate.
- 7 day follow up is arranged

Care in the Community

WMHPT and WCC community staff, including medical staff, must be ready to advise and support their counterparts in the other service who are caring for someone in the community as a result of processes described in this Protocol. Staff working in this way has a dual role to advise staff and to support the person receiving care and their carers. Local negotiations should take place to determine the level of reasonable input. The rationale for decisions made must be recorded in the event of any dispute.

Reviews should include staff from specialities so that care, placement, discharge from the service and aftercare are properly planned.

Care co-ordination may remain with either service where both services are involved.

Consultant Psychiatrist Responsibility

Where an individual is being cared for by a WMHPT community team, the role of Responsible Clinician will be performed by the appropriate CMHT or OACMHT Consultant.

Where a WMHPT consultant has taken the role of Responsible Clinician, medical responsibility will be passed back to a learning disabilities colleague when the service user is transferred back to learning disabilities services under CPA

Integrating Systems and Working Practices

The CPA care plan, person-centred care plan and Health Action Plan must be integrated as far as possible while joint working is taking place. At a minimum, all three documents must reference the others, and must be available to the teams delivering care. Ideally, the provisions of one should be included in the others for the duration of the joint work, so that both service's practitioners are working from the same plan.

Practitioners from both services must abide by the relevant policies and procedures of the other when joint working.

Practitioners must ensure that people in receipt of joint services are not inconvenienced or disadvantaged by practical differences between the systems and working patterns of the two services: for instance, working times should be harmonised and single points of contact for carers established and agreed.

Liaison and Information Sharing

Practitioners from both services will keep their counterparts informed of care plans, changes in circumstances, review dates and other significant information about people receiving care from the services under the provisions of this Protocol.

The informed consent of the service user and his or her carer(s) should be obtained to allow full details to be shared. In WMHPT this will be determined by the Information Sharing Protocol.

Where joint care is being given, confidential information should not be withheld from practitioners of the counterpart service unless specifically and justifiably requested by the service user. Where the efficacy of care and the safety of the service user or staff

from either service might be compromised, information must be fully shared regardless of the views of the service user and his or her carer(s).

Disputes

Where there is a dispute between services, for example over the operation of this protocol or a difference of opinion with regard to which service should take the lead role, the appropriate Business Unit Lead will be responsible for the swiftest possible resolution of the dispute to meet service user needs after hearing all relevant views. In resolving the dispute the Managers will look for evidence that this protocol has been followed.

Should the dispute remain unresolved after this, the relevant Chief Operating Officer on behalf of WMHPT or Head of service for WCC should become involved and decide the matter. It is vital that as little time as possible is spent in disputes that affect people using services. Disputes must not stop the care and treatment of the individual while the dispute is still unresolved.

Training

Education and training opportunities related to learning disabilities and mental health are invaluable. These opportunities can include approaches from supervision and shadowing to formal courses. All staff should be encouraged to take up any opportunities that become available and should receive support in doing this from managers within both organisations. As part of this development joint education and training opportunities and informal support groups will be developed by both services working together. A staff information folder can be found on every ward and team base to support staff members gain better knowledge around working with people with learning disabilities.

AUDIT AND REVIEW OF THIS PROTOCOL

The effectiveness of arrangements covered by this Protocol will be reviewed once a year in a multidisciplinary context that includes both managers and practitioners from the trust and local authority.

15 GLOSSARY

AMHP: approved mental health practitioner, able to carry out statutory assessments and make recommendations under the Mental Health Act 1983, as Amended by the Mental Health Act 2007

Care Co-ordination: pivotal function under CPA, whereby services provided by different professionals and agencies for people with severe mental health problems are co-ordinated by one practitioner.

Care Co-ordinator: the qualified practitioner providing care co-ordination under CPA.

CMHT: community mental health team, a multi-disciplinary team providing care for people with severe mental health and social care problems in the community.

Consultation: A process whereby practitioners gain advice on someone's care and management without that person being there.

CPA: Care Programme Approach, the framework within which mental health care is delivered, which aims to provide a co-ordinated response to the individual's needs.

CRHT: crisis resolution and home treatment service, a multi-disciplinary community service whose purpose is to provide care and treatment at home for people with mental health problems who are experiencing an acute episode of illness for which they might otherwise be admitted as inpatients.

Eligibility: a guide to deciding which people might benefit most from the services available.

Green Light: a programme for improving joint working between mental health and learning disability services so that people with learning disabilities who have mental health problems can have a better experience of care.

HATS: home assessment and treatment service, a community team offering care and treatment at home to people with learning disabilities who have acute difficulties, for example because of mental health problems.

Health Action Plan: a care plan for a person with a learning disability that takes into account the totality of their health needs.

Person-Centred Care Plan: a plan of care for someone with a learning disability which works from a principle of centring all its provisions on the needs of the person.

Practitioner: a health or social care professional.

Psychiatric Intensive Care (PICU): a secure inpatient mental health ward where high levels of staff input can help people with challenging acute mental health presentations in a safe environment.

Responsible Clinician: under the Mental Health Act 1983, as Amended by the Mental Health Act 2007, the practitioner taking responsibility for a person's compulsory treatment.

Section 136 (Place of Safety): a provision of the Mental Health Act 1983, as Amended by the Mental Health Act 2007 that allows the police to detain someone whose behaviour in a public place they deem unacceptable if they consider that the behaviour arises from a mental health problem.

Vulnerable Adult: someone over the age of 18 whose health, disability or social situation render them liable to be abused or disadvantaged by others.

<u>Other Related Documents</u>

The Mental Health Policy Implementation guide Department of Health.

AMHP Practice Manual – Section 33, People with Learning Disabilities – Mental Health Act Assessment

Green Light for Mental Health Department of Health 2004

Working Together Kings College 2003

WMHPT Care Programme Approach (CPA) Policy

Mental Health Act 1983, as Amended by the Mental Health Act 2007

Mental Capacity Act 2005: Deprivation of Liberty Safeguards

Valuing People 2001

Valuing People Now 2009