

STANDARD OPERATING PROCEDURE GREENLIGHT FOR MENTAL HEALTH: PROVISION OF MENTAL HEALTH SERVICES FOR ADULTS WITH A LEARNING DISABILITY

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CHANGE RECORD

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1.0	Feb 2023	New SOP. Replaces a legacy document (Prot534). Approved MH Division Practice Network (01/02/2023).
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1. INTRODUCTION

Humber Teaching NHS Foundation Trust (HTFT) aims to provide high quality, safe and effective services for people with mental health problems which are accessible to all people who require them in line with No Health without Mental Health (2011). There are however specific groups of people who are more likely to have increased mental health needs than the general population of which people with a learning disability and / or autism are one. (Nice guidance 2016).

This group of people have the right to access the same mental health services as others through the use of reasonable adjustments if required which HTFT have a legal duty to put into place ensuring individuals needs are met. This includes the right to receive joint working between our mental health services and specialist learning disability services.

This SOP 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.

This SOP sets out to ensure that people with a learning disability and /or autism have full access to services by teams working together providing integrated share care and treatment to meet their needs in line with current government policy and guidance (NDTi Reasonably Adjusted? - Mental Health Services for People with Autism and People with Learning Disabilities' 2020) <https://www.ndti.org.uk/resources/reasonably-adjusted>

This states: "In a flourishing community, basic human needs are met, including the need for communication, mental wellbeing, a home, job and friends, and this is no different for people who have autism or learning disabilities in addition to a mental health issue. Commissioners then need to work with others to map the needs of their local community and compare the result with service provision. Tracking those with autism or learning disabilities in addition to a mental health issue is a key part of this wider task, and then ensuring that mainstream mental health services play their part in the response to identified need."

The purpose of this SOP is to set out the service access pathway arrangements and care responsibilities of adult working age mental health services and learning disability services. Our aim is for people with a learning disability to be supported to access mainstream services when required without experiencing barriers or exclusion based on their learning disability (or presumption of a learning disability).

This SOP does not cover individuals that have or are presumed to have Autism without a learning disability. The Humber Adult Autism Diagnosis Service (HAADS) provides an Autism diagnostic service. HAADS does not provide treatment for Autism but works closely with the community organisation Matthews Hub who provide pre and post diagnostic support for those people awaiting assessment of Autism or who have received a diagnosis of Autism. Matthews Hub can also provide guidance to services around reasonable adjustments for people with Autism and the consultation framework between HAADS and the mental health division provides a framework by which mental health services can access consultation related to Autism.

This SOP will support HTFT to ensure that none of our services make assumptions of the treatment, care or support an individual needs based upon a diagnostic description or label placed upon them.

1.1. Related Documents.

This SOP aims to appropriately direct resources in order to meet the needs of people with a coexisting mental illness and learning disability (dual diagnosis) in accordance with the requirements of:-

- Valuing People Now (2009)
- National Service Framework for Mental Health Services (1999)
- Green Light (2004)
- New Horizons (2009)
- The Equality Act (2010)
- NICE guidance NG54

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.

There is an emphasis within these documents that.

- Services should be integrated as far as possible into local mainstream services
- Ease of access to service 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

2. SCOPE

This SOP applies to all service users with a learning disability alongside an associated mental health problem (Dual Diagnosis).

This SOP applies to all staff involved in the provision of services within Humber Teaching NHS Foundation Trust.

Due to the complex nature and needs of this service user group, this SOP should be read in conjunction with the relevant Mental Health Act policies, Mental Capacity Act Policy and the Deprivation of Liberty Safeguards Policy.

2.1. Definitions

A learning disability is a condition of arrested or incomplete development of the mind, which is especially characterised 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 (<https://cks.nice.org.uk/topics/learning-disabilities/background-information/definition/>)

Around 1.5 million people in the UK have a learning disability. It is thought up to 350,000 people have a severe learning disability, which is increasing.

A learning disability happens when a person's brain development is affected either before they're born, during their birth, in early childhood or before the age of 18.

A learning disability is a reduced intellectual ability and difficulty with everyday activities - for example household tasks, socialising or managing money – which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people, (Mencap, 2022).

Humber Teaching NHS Foundation Trust works to the definition of Learning Disability provided by the Department of Health (2001):

1. A significantly reduced ability to understand new or complex information, and learn new skills (impaired intelligence usually defined as an IQ of less than 70), with:
2. Significantly reduced ability to cope independently in every-day life
3. Which started before adulthood

This can be caused by things such as:

- the mother becoming ill in pregnancy
- problems during the birth that prevents enough oxygen getting to the brain (hypoxia)
- the unborn baby inheriting certain genes from their parents which make having a learning disability more likely – known as inherited learning disability
- illness, such as meningitis, or injury in childhood

Sometimes there is no known cause for why a person may have a learning disability.

The level of support someone with a learning disability needs depends on the individual. For example, someone with a mild learning disability may only need support with things like getting a job. Whilst someone with a severe or profound learning disability might need fulltime care and support with every aspect of their life.

The definition of learning disability can differ slightly between health settings, education systems, and within medico-legal contexts. Within medico-legal contexts the ICD-10 categorisations of mild to severe learning disabilities are often used:

Mild Learning Disability – (IQ of 50–69)

Most people with a 'mild learning disability' can live independently or with minimum support required for activities such as self-care, finance, travel etc. They can learn new skills but may need longer than usual to do this. Other people may have additional communication needs and have additional diagnoses such as epilepsy, autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD).

Moderate (IQ of 35–49) / Severe Learning Disability (IQ of 20–34)

People with a moderate or severe learning disability are often referred to as having a 'significant learning disability'. They are more liable to have difficulties in communicating with others and living independently. Most individuals require support of varying degrees of intensity to manage their everyday lives around activities of daily living such as self-care, occupation, safety etc. Support comes from varying sources including family, carers, or professional care providers.

However, access to services should be considered on a case-by-case basis, with a consideration for joint working. This is important to ensure every service user gets access to the right care delivered by the right people in the right way.

Profound and Multiple Learning Disability (PMLD) (IQ of less than 20)

A profound and multiple learning disability (PMLD) is when a person has a severe learning disability and other disabilities that significantly affects their ability to communicate and be independent. Someone with PMLD may have severe difficulties seeing, hearing, speaking and moving. They may have complex health and social care needs due to these and/or other conditions. People with PMLD need a carer or carers to help them with most areas of everyday life, such as eating, washing and going to the toilet.

Regardless of the level of learning disability, many people with learning disabilities can learn to communicate in different ways, be involved in decisions about themselves, do things they enjoy and achieve more independence.

Mental Health Issues

The World Health Organization (WHO) conceptualizes mental health as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

The Government defines mental illness as “A term generally used to refer to more serious mental health problems that often require treatment by specialist services. Such illnesses include depression and anxiety (which may also be referred to as common mental health problems) as well as schizophrenia and bipolar disorder (also sometimes referred to as severe mental illness).”

It is essential that access to services is for: the right care, at the right time, in the right place, by the right people, in the right way. People with autism without a learning disability who are experiencing a mental health difficulty will access mainstream mental health services, with appropriate support and adaptations. People with a learning disability may access mainstream mental health services, or specialist learning disability services depending on their needs and preferences. Access should be considered on an individual basis with consideration for joint working between mental health and learning disability teams.

3. DUTIES AND RESPONSIBILITIES

Chief Executive

The chief executive as accountable officer has overall responsibility for ensuring the implementation of procedures set out in this document to ensure that people with a learning disability are supported to access mental health mainstream services when required without experiencing barriers or exclusion based on their learning disability (or presumption of a learning disability).

Medical Director

Will provide the professional leadership and expertise for the implementation of these procedures.

Director and Deputy Director of Nursing, Allied Health and Social Care Professionals

The deputy director has day-to-day responsibility for ensuring that the Trust is operating within the procedures set out in this document

Directors and associate clinical directors will promote the principles set out in this document within their service, and will ensure that adequate supervision arrangements are in place to support all clinical staff, including trainees.

Qualified Professionals

Clinical and professional staff members will follow the principles within this procedure to ensure that people with a learning disability are supported to access mental health mainstream services when required without experiencing barriers or exclusion based on their learning disability (or presumption of a learning disability).

All Staff in Clinical Areas

All staff members will follow the principles within this procedure to ensure that people with a learning disability are supported to access mental health mainstream services when required without experiencing barriers or exclusion based on their learning disability.

4. PROCEDURES

4.1.1. The right to access the same mental health services as everyone else

People with a learning disability have the right to access the same mental health services as everyone else, and we have a legal duty to put reasonable adjustments in place to ensure their needs are met. They also have the right to joint working from specialist learning disability services where required. Where reasonable adjustments cannot be made, input from the specialist learning disability service may be needed.

In practice this means if a person has a learning disability and a mental health difficulty, they should be supported to access mainstream mental health services where possible, with a consideration of the reasonable adjustments that might be needed, consultation from learning disability services and the possibility of joint working with learning disability services. A person's pathway should follow the process outlined in the diagram below.

Greenlight working centres on the principle that people with a learning disability must be supported to access the **same** mental health services as everyone else where possible. Reasonable adjustments and stipulations within the Equality Act 2010 provide guidance on why and how this should be achieved.

In practice this means, a person's pathway should follow the process outlined in the diagram below.

4.1.2. Reasonable adjustments

Reasonable Adjustments Under the Equality Act 2010, specifies health services must consider the needs of people with disabilities in the way they organise their buildings, policies and services.

These are called 'reasonable adjustments' and reflect that fact that some people with disabilities may have particular needs that standard services do not adequately meet. This could relate to, for instance, people with learning and/or physical disabilities, those with dementia and people living with mental health problems.

Reasonable adjustments can be made to many areas of health services. Services can ensure, for example, that:

- buildings, including toilets, are accessible to people with physical disabilities
- signposting is clear and easy to follow
- information and advice is offered in formats and languages that people can understand
- extra time is offered to people who have communication needs or difficulty understanding what is being said
- alternatives to hospital or clinic attendance are considered for those who have problems in getting to appointments
- families and friends of people with disabilities are actively involved, if the person wishes them to be. Reasonable adjustments are about the values all staff bring to work.

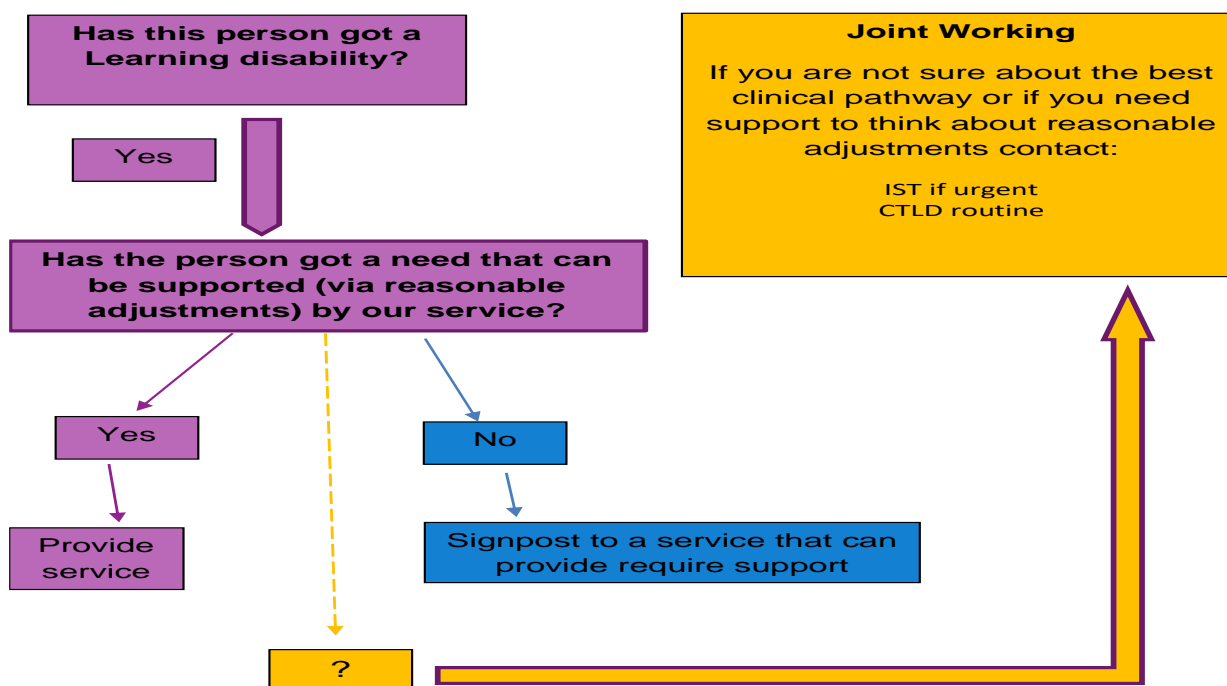
There is also a document by the National Development Team for Inclusion (2012). Reasonably Adjusted? Mental Health Services and Support for People with Autism and People with Learning Disabilities.

<https://www.ndti.org.uk/uploads/files/NHS>

4.1.3. Basic Principles

Both the Learning Disability and Mental Health Services in HTFT have agreed some basic principles as a starting point for decision making around ascertaining which service might be right for someone at any particular point in time:

- Service provision should be needs-led
- Service delivery should never be delayed because of disagreements between teams. (Needs must be met first, with an understanding that a transfer of care can be made later if that is deemed appropriate)
- Service provision should be flexible to meet the individual requirements of each service user, including joint-working across services



The SOP applies to all service users over the age of 18 years.

There must be a confirmed diagnosis of learning disability, or alternatively 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.

- 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.
- The only exception to this is if there is significant evidence at the point of triage another service is more appropriate. In this circumstance the clinician undertaking the triage will have a clinical discussion with a clinician from the other service to discuss a joint assessment/ transfer providing the rationale for this.
- Similarly, the protocol may be initiated where a service user is already receiving a service, if it is felt that joint working is required
- 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.
- 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.
- 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
- 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
- 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.
- The original service will retain lead responsibility until any handover is completed

4.2. Transition from CAMHS to adult services

Young people with a learning disability and / or autism who have been treated within Child and Adolescent Mental Health Services (CAMHS) may need to transition into adult services for the care

of their ongoing mental health problems. Transition arrangements between specialist CAMHS and adult mental health services should follow local protocols and based upon the individual's primary need and their ability to access provision under reasonable adjustments. For individuals whose level of learning disability is more significant or severe, transition arrangements should be made based upon a joint working arrangement between mental health and specialist learning disability provision. In all cases decisions regarding the lead provider must be made proactively before the young person transitions from CAMHS to adult services. This is to ensure there is no gap in service delivery experienced by the young person.

4.3. Community Pathway

HTFT provides a wide range of community mental health services. Each of these offers a specific service catering to identified populations based on locality and clinical need.

The Trust also provides specialist learning disabilities services for individuals that have a learning disability, and their needs cannot be met by mainstream services.

All community specialist learning disability services have a remit to promote, educate and support reasonable adjustments in mainstream services and will offer joint working solutions where appropriate.

Initial referrals may present in mental health services or community learning disability services. It is the responsibility of the service receiving the referrals to make the initial decisions for assessment.

a) Where the presenting issue relates to mental health and a learning disability, a joint assessment should be undertaken, and a care plan agreed based on the identified primary need. Please note that in the event of a crisis a joint assessment may not be possible.

- Mainstream mental health services will take lead provider role for people with mild learning disabilities where their input can be successfully provided with 'reasonable adjustments'
- Learning disability services will take the lead provider role for people whose needs cannot be met under reasonable adjustments

b) Where no learning disability is identified, or the individual is not known to HTFT services, mental health services should assess and offer treatment as appropriate.

c) Where there is no significant mental health or learning disability related needs identified, the referral should be signposted on to the most appropriate service.

d) Where no mental health issues are identified, but there is a clear issue associated with a significant learning disability, the referral should be transferred to specialist learning disability services.

e) In the event of a mental health crisis and an inpatient admission is required, staff involved in the Gatekeeping assessment should refer to the Bed Management SOP
For any advice and support with this process contact the Bed Management Team at Miranda House.

f) In some circumstances service users may already be receiving care and support from either a mental health or learning disability team, however either due to a change in presentation or as a more accurate clinical picture develops it may be determined that the service users' needs would be best met by the other service. In these incidences an internal referral should be made directly to the locality CMHT/CTLD team and not via MHTAT.

Additionally, if it is felt that joint working is required any request for this should also be made through an internal referral to the locality CMHT/CTLD team.

4.4. Joint Working Arrangements for Community Service Users

It is imperative that mainstream mental health and specialist learning disability services work collaboratively to meet individual service user needs, utilising their respective specialist knowledge and skills to support each other in the delivery of integrated care and treatment.

The Community Mental Health Framework will be the foundation for planning and coordinating support and treatment necessary for service users with a learning disability and mental health problems.

If the adult mental health services are considered the most appropriate service to lead, then a named key worker will be identified, and the learning disability team will provide advice on reasonable adjustments.

4.5. Section 136 Assessments

HTFT has two dedicated 136 assessment suites which can be accessed by people with or without a known learning disability. Where the person accessing has a known significant learning disability joint working advice and support should be sought from the relevant learning disability team. Please refer to 136 Policy.

4.6. Care and Treatment Reviews

Care and Treatment Reviews (CTRs) are part of NHS England's commitment to transforming services for people with learning disabilities and / or autism (<https://www.england.nhs.uk/learning-disabilities/>).

People who are at risk of admission to Mental Health hospital should be offered a community care and treatment review to determine whether they are safe, in the right place, and able to understand their plans. Recommendations from community CTRs can involve support from specialist health teams, local authority respite care, voluntary agencies, short breaks, and self-advocate and carer organisations providing support. By understanding people's needs, through a person centred and individualised approach, and recognising early signs that might lead to a crisis, it means that extra support can be put in place quickly, so the person is not admitted into hospital unnecessarily.

4.7. Undertaking a Mental Health Assessment on Someone with a Diagnosed Learning Disability and/or Autism.

In 2010 the Royal College of Nursing issued their document ([meeting health needs people with ld.pdf \(complexneeds.org.uk\)](#)) which recommends that although the assessment process for someone with a learning disability or autism will be similar it is important to consider the following.

- The assessing clinician will work closely in partnership with the service user, carers, support staff, advocates and other professionals involved in the service user's care
- An identified person is there to support the service user and recognise and respond appropriately to their responses during the assessment, particularly around their levels of anxiety
- The duration of the assessment is responsive to meet the needs of the service user and may require adjustments to place and time where the assessment will occur. Consideration for the assessment to be completed over a number of shorter meetings rather than one long meeting may be necessary.
- Any communication difficulties the service user may have are considered and advice sought as to what assistance the service user may need. A summary of the client's communication skills and support needed. This could take the form of, for example, a 1-page profile, a communication passport or a Speech and Language Therapy report.
- Assessing clinicians and supporting staff will avoid use of medical terminology or jargon throughout the assessment
- The assessing clinicians will check the service users understanding throughout the assessment by summarising what has been spoken about
- Any questions or information the service user is unable to understand will be rephrased or re-presented in such a way to support understanding

- Mental Capacity Act processes are followed to assess and record capacity, consent and best interest decisions where necessary

4.8. Admission to an Inpatient Unit

4.8.1. Deciding which inpatient service to admit to

This decision will be made based on the primary need, and on this basis the following applies:

Learning disability primary need

Individuals with significant (i.e., moderate, severe or profound & multiple) learning disability and mental health needs who cannot be admitted to a mental health unit even with the provision of reasonable adjustments and additional support from Learning Disability Services, should access *Townend Court Assessment & Treatment Unit (TC ATU)* for care & treatment in respect of their mental health problems. If there are no beds available at TC ATU it is the responsibility of LD services to source an out of area bed.

There will be occasions when people with a significant learning disability do not have a diagnosed mental illness but require hospital admission due to a state of 'crisis' in the form of severe challenging behaviour. This would typically be undertaken using the framework of the Mental Health Act taking account of "any disorder or disability of the mind" and "associated with abnormally aggressive or seriously irresponsible conduct on his part"

Mental health primary need

Any consideration relating to the existence of possible learning disability will only take place at such a time their primary mental health need have been met and their level of functioning has been returned to pre-morbid levels. Due to the stress of inpatient admission and its impact on functioning this should nearly always take place when the person has been discharged from the mental health unit.

Dual diagnosis

For service users with a dual diagnosis of mental health problems, learning disability, the decision to which service they are to be admitted to will be based on the below:

- For people with a mild learning disability experiencing significant mental health problems the pathway will be to access mainstream adult inpatient services offering support via reasonable adjustments
- For people with a more significant level of learning disability admission to Townend Court Assessment & Treatment Unit (TC ATU) may be appropriate

4.8.2. Service users already subject to an episode of inpatient care

Many people with significant learning disabilities admitted to TC ATU also experience mental health problems. Typically, these can be assessed and treated within the learning disability services. However, if it is felt that a service user at TC ATU is showing evidence of more severe/acute mental health problems, a joint mental health / learning disability multi-disciplinary review will be held to determine the future care of the service user and the level, and type of input required from the specialist Mental Health Services.

If it is suspected that a service user on a mental health unit has an undiagnosed learning disability, the clinical team are to make a referral to the Learning Disability Service to request further support and/or an opinion regarding formal assessment of learning disability. If the assessment indicates the service user has a learning disability as their primary need, a transfer to the Learning Disability Inpatient unit or community team should be considered, and agreement reached as to any ongoing support required from mental health services.

A formal intellectual functioning assessment can only be completed when the individual's level of functioning and well-being is stable (i.e., baseline for the person). Formal cognitive assessments must not be undertaken when the person is mentally unwell, under the influence of substances, anxious, or distressed, as this will impact on their cognitive functioning affecting the reliability of the

test. In view of this, such an assessment should be undertaken once the person's mental health has stabilised. However, LD services can also help provide a clinical judgement on whether a learning disability is likely to be part of a person's presentation and can provide consultation to MH service

If the assessment indicates the service user has a learning disability primary need, a transfer to the Learning Disability Inpatient unit or community team should be considered, and agreement reached as to any ongoing support required from mental health services.

4.8.3. Providing care to service users with a diagnosed learning disability on an adult mental health unit.

If a service user with mild learning disability has a mental health problem requiring inpatient care, access to one of the adult mental health units will be supported by use of reasonable adjustments.

When a person with mild learning disabilities is admitted to a Mental Health unit, the Responsible Clinician role will be fulfilled by the inpatient Consultant for that unit.

Shared care or joint working will be negotiated and agreed where issues specific to the person's learning disability have been identified. Mental health practitioners should contact the relevant Learning Disability team to request support and advice.

The level of support required from Learning Disability Service will be different for each service user and determined through their individual needs and delivered through a person-centred approach. For this approach to be followed the below key information will be required on admission for those patients known to the Learning Disability Service:

- Outcome / recommendations of Community Care & Treatment Review
- Health Action Plan
- Health Passport
- Summary of patients' communication skills
- Positive Behaviour Support Plan

Where possible the shared care pathway is to be agreed prior to the service user's admission / transfer and will detail:

- Name of contact professional from Learning Disability Service for liaison between mental health & learning disability services and involvement in discharge planning
- Frequency & plan of contact from the Learning Disability Service whilst the service user remains on the unit
- Names and contact details of other professionals involved who can be contacted for further information around the service user's learning disability needs

4.8.4. Joint working pathway on the inpatient units

The development of a shared care pathway for each individual service user will be multi-disciplinary and involve senior clinical staff from both the Trust Adult Mental Health Inpatient and Learning Disability Services.

Where possible a meeting will take place prior to the service user being admitted/transferred to one of the Adult Mental Health units. In the event of an emergency, the meeting should take place at the earliest opportunity following transfer /admission.

Attendance at the meeting will vary according to service user need but as a minimum it is expected that the following will be present:

- The appropriate Unit Managers from the Adult Mental Health & TC ATU
- The Responsible Clinicians from both services to agree responsibility
- The Care Co-ordinator
- The service user's Independent Mental Health Advocate

4.8.5. Risk Assessment

When undertaking a clinical risk assessment for any service user with a learning disability admitted to an Adult Mental Health Inpatient unit, staff must take account of the vulnerability of the service user in this setting, as they may be at increased risk of abuse or exploitation from other service users. If a service user is identified as being highly vulnerable on the Mental Health unit, interventions must be implemented protect them.

4.8.6. Additional considerations when assessing the capacity of someone with a learning disability

Staff should refer to the Trust Mental Capacity Act & Best Interest Decision Making Policy for full details and must assess on the basis that the assessment of a person's capacity is time and decision specific and based on whether the person can:

- Understand the information which is relevant to the decision.
- Retain the information long enough to make a decision.
- Weigh up the information and make a choice.
- Communicate their decision.

Timely and relevant information is key to a person being able to make a decision, and a service user can only be assessed as having or lacking capacity once they have been given the appropriate support and information to help them make the decision. As someone with learning disability might have difficulty understanding the information they will need to be supported as much as possible in the decision-making process. This support will also involve providing them with the relevant information to aid their decision making in a format they will understand (such as pictures, symbols, or audio) and allowing them enough time to process and understand the information.

4.8.7. Enhancing staffing levels & capability

Service users with mild learning disabilities and mental health needs in adult mental health units may require additional support staff.

Additional support should be agreed at admission and reviewed weekly through MDT and any Clinical Reviews as a minimum.

Ideally any extra dedicated support should be from staff who have previous experience of working with this group of individuals.

All staff in mental health units should have the appropriate levels of training and skills to enable them to provide safe and effective care to a service user with learning disabilities, who also has mental health needs. Additional support considered at admission and reviews may include supervision, consultation and/or training from learning disabilities staff.

4.8.8. Care planning

Effective care planning is dependent on good communication between the staff and service user and whilst service users with a learning disability may sometimes have significant additional communication needs, it is essential that clinicians adapt their approach to accommodate these.

As far as possible the care plan must be written in terms which can be easily understood by the service user and carer where appropriate.

4.8.9. Support for staff

It is recognised that service users who have a mental health problem, and learning disability may be challenging for staff to work with, and it is therefore essential that:

- Managers have effective systems in place for allocating work appropriately to staff
- Managers have robust systems for local induction, supervision, and performance and development review as per HTFT policy
- All staff access appropriate training

Effective working practices will be supported by:

- Access to additional clinical supervision as required
- Robust joint working arrangements
- Use of other staff support systems such as counselling through the Occupational Health Department

4.8.10. Responsibilities in respect of any identified continuing care / specialist placement needs

Learning Disability Services will provide:

- Any required specialist assessments from their service

4.8.11. Discharge arrangements for service users on a shared care pathway

No service user on an acute care pathway should be discharged without a full multi-disciplinary pre-discharge meeting. Where there are identified dual diagnosis needs, clinical representatives must be present from both the Mental Health and Learning Disability Services.

4.9. Difference of Opinion between Professionals

Any disagreements about the management of an initial referral, requests for case transfer or joint working should be resolved at local level where possible, between team managers and clinicians. Joint assessments may assist in resolving such disagreements.

With particularly complex cases, it will be helpful to convene a joint planning meeting with professionals from both services attending. When this involves the MH division, this should follow the MH division's MDT care planning guidelines available on the Trust intranet.

In the event disagreements cannot be resolved at local level, the following escalation process should be followed.

- Escalate to the relevant Operational Service Managers
- In the event the issue remains unresolved the concern will be reviewed by the relevant Divisional General Manager or Divisional Clinical Lead
- Failure to resolve at this level will see issue escalated to the Chief Operating Officer / Clinical Director for resolution

4.10. Service User Information

As highlighted throughout this policy the type of information and the way in which it is presented to anyone with a learning disability and/or autism may require tailoring to meet each service user's individual need.

Information on reasonable adjustments can be found in further reading and guidance of this SOP.

4.11. Information/Support for Carers and Relatives

On admission clinical staff will establish who the service user's carer/relative is and if possible, the extent of the information the service user is willing to share with them about their care and treatment. If there is permission to share information, it is important that the unit details the reasonable adjustments they will be making to support the individual and ensure their care is safe and effective. All carers / relatives will be given a copy of the Service Information Pack.

5. REFERENCES

Further reading and guidance

1. Department of Health (1999). National Service Framework
2. Department of Health (2001). Valuing People: A new strategy for learning disability in the
3. Department of Health (2004). Green Light for Mental Health.
4. Department of Health (2009). New Horizons.
5. Department of Health (2010). Fulfilling and rewarding lives: the strategy for adults with
6. Department of Health (2014). Positive and Proactive Care: Reducing the Need for Restrictive Interventions
7. HM Government (2009). Valuing People Now – A three-year strategy for people with learning disabilities.
8. HM Government (2011) No health without mental health. A cross-government mental health outcomes strategy for people of all ages.

9. Human Rights Act (1998). <https://www.legislation.gov.uk/ukpga/1998/42>
10. Humber Teaching NHS Foundation Trust (2021). Accessible Information Standard Guidance.
11. Joint Committee on Human Rights (2008). A Life Like Any Other? Human Rights of disabilities.
Mencap (2022)
12. Mental Health Act (1983). <https://www.legislation.gov.uk/ukpga/1983/20/contents>
13. Mental Health Act Code of Practice (2015).
<https://www.gov.uk/government/publications/code-of-practice-mental-health-act1983>
14. National Development Team for Inclusion (2012). Reasonably Adjusted? Mental Health
Nice Guidance (2016) (ng 54) Mental health problems in people with learning disabilities:
prevention, assessment and management.
15. Norah Fry Research Centre (2013). Confidential Enquiry into premature deaths of
16. people with learning disabilities
17. Royal College of Nursing (2010). Dignity in health care of people with learning disabilities.
18. Royal College of Nursing (2010). Mental health nursing of adults with learning disabilities
19. Royal College of Psychiatrists (2016). Challenging behaviour: a unified approach – update.