

Dorset HealthCare  NHS Trust	

Ref No	CP-100-06
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## PROTOCOL FOR SERVICE PROVISION OF LEARNING DISABILITIES PATIENTS WITH MENTAL HEALTH PROBLEMS

**AREA:** Dorset HealthCare NHS Trust Wide

**POLICY SPONSOR:** Director of Mental Health & Social Care South & East  
Dorset/Director of Learning Disabilities

**IMPLEMENTED:** June 2006

**AMENDED:**

**DUE FOR REVIEW:** June 2009

**DATE**

**APPROVED:**

**TO BE APPROVED BY:** Joint Governance Team May 2006  
Learning Disabilities Governance Team 6<sup>th</sup> April  
2006

**DISSEMINATED TO:**

**Added to Intranet**  
**29/08/2006**  
**By: Eileen Weatherill**

**Date Added:**

**Directorate Risk Management**

## **1 INTRODUCTION**

1.1 This protocol has been developed for Dorset HealthCare NHS Trust via a Steering Group with clinical and managerial membership made up of the Adult Mental Health Services, Learning Disability Service and representation from the Borough of Poole Social Services, Bournemouth Borough Council and Dorset County Council.

1.2 The intention of the protocol is to ensure that individuals with a Learning Disability who experience Mental Health problems have access to the appropriate skills, expertise and service to meet their Mental Health needs. This is seen to be best achieved by services working in collaboration to meet the individual's needs as highlighted in the Learning Disability strategy "Valuing People" and the "National Service Framework for Mental Health".

1.3 Effective joint working and collaboration is essential to offer the optimal care for service users and to ensure that service user needs are at the centre of decision making to avoid confusion and uncertainty for the service user, their family, their carers and professionals involved.

1.4 This protocol outlines good practice that aims to improve the continuity and collaboration between services to produce seamless care.

1.5 This protocol should be read in conjunction with;

- Protocol for Joint Working and the Transition of Care within Specialist Mental Health Services.
- Policy for the Integrated Care Programme Approach and Section 117 (MHA 83) where it applies.

## **2 PRINCIPLES**

2.1 The care received by a service user should be based on the needs of the individual. Some individuals needs do not fit neatly into a service provision. The onus is on the service to collaborate to meet the individual's need.

2.2 An individual who has learning disability with mental health problems, whose needs are best met by the Learning Disability Service will remain with that service with appropriate advice and support from Adult Mental Health.

2.3 The needs of an individual with a learning disability with a mental health problem will be assessed in a person centred approach, using the shared expertise from Learning Disability and Mental Health, in collaboration with other agencies.

2.4 A care co-ordinator must be clearly identified to ensure effective co-ordination of care between services.

2.5 Wherever possible, services should be developed locally to meet the needs. In principle it would expected that the Learning Disability teams would have the skills to provide treatment for the mental health problems of their patients.

2.6 The individual's opportunities should support the key principles outlined in "Valuing People" of rights, independence, choice and inclusion.

## **3 GOOD PRACTICE**

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- 3.1 Clear clinical leadership is important to give clarity of care and decision making. The care co-ordinator will be responsible to ensure this happens.
- 3.2 The care co-ordinator must ensure the following occurs when an individual's care plan is based on collaboration between services;
- Discussions with service users as early as possible about their continuing care needs.
  - Consultation with family and carers where appropriate.
  - Discussions with the receiving team to consider options/possible alternatives – recorded in written care plan with agreed review date.
  - Joint assessment/ICPA review to include assessment of the carer's needs.
- 3.3 A multi disciplinary team approach should draw on the expertise of the learning disability and mental health service.
- 3.4 Broad systems of support need to be considered, within these housing and occupation are seen as key via a structure person centred approach.
- 3.5 Copy of the care plan to be agreed and shared with the service user.
- 3.6 Future transition points should be recognised and planned for as soon as possible to be successfully navigated.

#### **4 ACUTE PSYCHIATRIC EPISODES**

- 4.1 It is recognised a small number of service users will require in patient provision while suffering an acute psychiatric episode. This should only occur when all community provision has been exhausted and risk assessment indicates admission.
- 4.2 The Adult Consultant Psychiatrist for the sector will take responsibility for the patient during their in-patient treatment at St Ann's Hospital.
- 4.3 In exceptional cases, this can be reviewed by the Medical Director.
- 4.4 During their in patient treatment, the Learning Disability team will give full support and be involved with the delivery of the care plan.
- 4.5 The Home Treatment Team should be referred to where possible prior to admission and on discharge.
- 4.6 Following admission of someone not known to the service, as soon as practicable possible, the standard should be the next working day, the case review involving the full multi disciplinary team will agree care plan and discharge arrangements. This will obviously be monitored and developed throughout the in-patient stay.

#### **5 ARBITRATION**

- 5.1 It is expected that senior clinicians and managers will work in a flexible and co-operative manner and in the best interest of the service user.
- 5.2 If agreement cannot initially be reached, the consultants involved in the case would meet face to face and/or discuss the case over the telephone to make a mutual agreement based on the best interest of the service user.

5.3 If there continues to be disagreement between the services, the lead Consultant for Adult Mental Health Service and the named Consultant for Learning Disability will make a decision regarding what is in the service user's best interest.

5.4 The relevant Operational Director should be informed of the disagreement and facilitate resolution.

5.5 If disagreements occur across services the Medical Director will make the overall decision.

5.6 The current consultant and team should facilitate the process in 5.3 and 5.4 by providing relevant information from discussions held at the case conference together with the reason why a decision has not been reached.

## **6 TRAINING**

6.1 Pre-registration training of staff within the mental health and learning disability fields should recognise the importance of respect of placements.

6.2 Opportunities for staff in the learning disability service to increase knowledge in mental health issues should be encouraged.

6.3 Opportunities for staff in the adult mental health service to increase knowledge in learning disabilities should be encouraged.

# DORSET HEALTHCARE NHS TRUST EQUALITY IMPACT ASSESSMENT FORM

<b>Department/Service area:</b>	<b>Trust Wide</b>
<b>Policy Sponsor:</b>	<b>Director of Mental Health and Social Care &amp; East Dorset/Director of Learning Disabilities.</b>
<b>Name of the policy/protocol: (please attach a copy)</b>	<b>Protocol for service provision of learning disabilities patients with mental health problems</b>
<b>Intended Outcome/s of Policy:</b>	<b>To ensure that individuals with a learning disability who experience mental health problems have access to the appropriate skills, expertise and service to meet their mental health needs.</b>

**This form is designed to be filled in using the Impact Assessment Flowchart for guidance.  
Please see appendix 1.**

Groups.	Positive Impact		Negative Impact		Evidence / justification for your decision.
	High	Low	High	Low	
<p>Gender and transgender groups.</p> <p>Are the numbers of males and females with LD receiving specialist MH services proportionate to the no.s of males and females with LD?</p> <p>If disproportionate can this be justified on clinical or other grounds?</p> <p>-transgender status not monitored currently.</p>				X	<p>Yes. Based on census population figures and research from Lancaster University with regard to census data with regard to Adults with Learning Disability in England (Eric Emerson &amp; Chris Hatton, Institute for Health Research, Lancaster University)</p>

<p>People from Black and Minority Ethnic groups.</p> <p>Are the numbers of people from BME communities with LD receiving specialist MH services proportionate to the no.s of people from BME communities with LD?</p> <p>If disproportionate can this be justified on clinical or other grounds?</p>				<p>X</p>	<p>Yes. See above. In the future locally there may be a growth in those people migrating from South Asia to this area but currently there is no significant population increase. See reference above.</p>
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<p>People who have a disability.</p> <p>-Monitoring pending.</p> <p><u>With reference to LD as a disability:</u>  Are the numbers of people with LD receiving specialist mental health services proportionate to the numbers of the non LD population receiving such a service?</p> <p>If not can this be justified on clinical or other grounds?</p>				X	Yes see above.
<p>People who identify themselves as lesbian, gay or bisexual.</p>	-monitoring pending				

<p>People from different age groups.</p> <p>Are the numbers of people from different age groups with LD receiving specialist MH services proportionate to the no.s of people from different age groups with LD?</p> <p>If disproportionate can this be justified on clinical or other grounds?</p>				X	Yes, see above
<p>People who belong to a religion or have particular beliefs.</p> <p>Are the numbers of people from different faith groups with LD receiving specialist MH services proportionate to the no.s of people from different faith groups with LD?</p> <p>If it is disproportionate can this be justified on clinical or other grounds?</p>				X	Yes. See above

If no evidence of high negative impact has been identified, the Equality Impact Assessment has been completed.

It is the Policy Sponsors responsibility to complete an equality impact assessment each time a policy is written or reviewed prior to sending it to the relevant committees for comment and amendment its final destination being the joint governance team for approval. It will then be the Risk Managements Directorate responsibility to update the intranet with the approved policy.

A signed hard copy and electronic copy should be kept within your department for audit purposes.

**Signed by Writer/Reviewer:** ...  ... **Signed by Sponsor:** .....  ....  
**Name (print)** .....PAUL LUMSDON..... **Name (print)** ...PAUL LUMSDON.....  
**Date completed:** .18.08/06....



If you have identified evidence of high negative impact for any of the above groups, action must be taken to minimise/eliminate it. This may mean consultation with the appropriate organisations (appendix 4.) and developing an action plan (appendix 2.)

Groups.	EVIDENCE OF CONSULTATION		
	Name of Appropriate Body	Date Consulted	Outcome/agreed action
Gender and transgender groups.			
People from Black and Ethnic Minority groups.			
People who have a disability.			
People who identify themselves as gay, lesbian or bisexual.			
People from different age groups.			
People who belong to a religion or have particular beliefs.			

Census data from Eric Emerson & Chris Hatton, Institute for Health Research, Lancaster University and Dorset HealthCare NHS Trust activity.

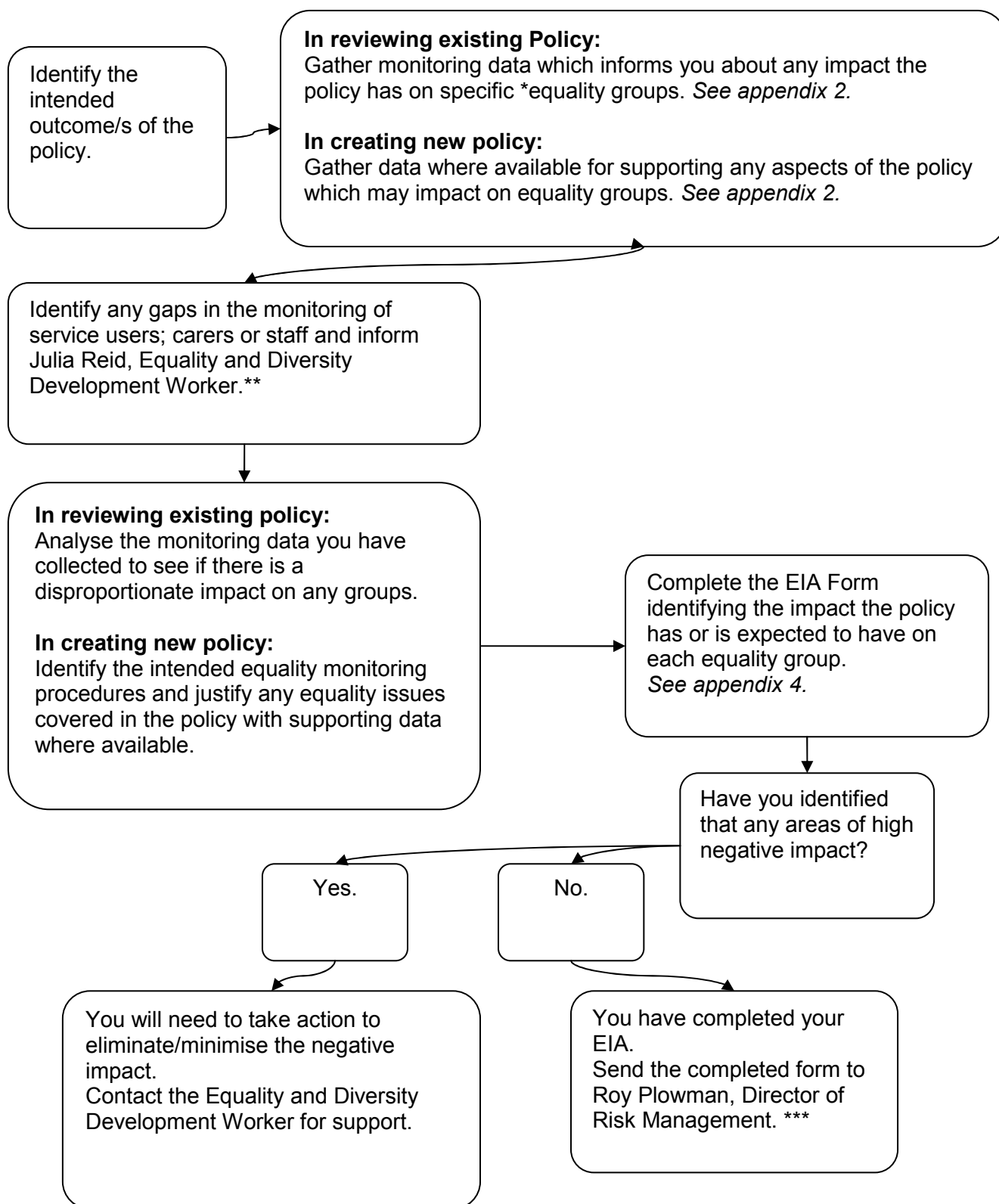
Please return a copy of this form and the completed action plan proforma to the Director of Risk Management.

A signed hard copy and electronic copy should be kept within your department for audit purposes.

Signed by Writer/Reviewer:  Signed by Sponsor: ...  .  
Name (print) PAUL LAUMSON..... Name (print) ...PAUL LUSMDON....  
Date completed: .18/08/06....  
Signed on behalf of the Trade Unions .....  
Name (print) ..... Date completed .....

Date of next policy review: .....

## Equality Impact Assessment (EIA) Flow Chart.



\*Equality Groups: Gender & Transgender; Ethnicity; Disability; Sexual Orientation; Age; Religion.

\*\* Julia Reid: 01202 492875; [julia.reid@dorsethc-tr.swest.nhs.uk](mailto:julia.reid@dorsethc-tr.swest.nhs.uk)

\*\*\* Roy Plowman: 01202 443101; [roy.plowman@dorsethc-tr.swest.nhs.uk](mailto:roy.plowman@dorsethc-tr.swest.nhs.uk)

## SOURCES OF EVIDENCE

The following sources of evidence can be used to assess whether service users encounter any differential negative experiences in the application of the policy/protocol.

<b>TYPE OF EVIDENCE</b>	<b>SOURCE</b>	<b>CONTACT NAME</b>	<b>CONTACT NUMBER</b>
Patient Ethnicity data	Torex (inpatient & community)	Information Department	01202 443141
	Complaints and Compliments	Roy Plowman	01202 443056
	National Service User Survey	Katie Brace (AMH) Charlotte Day (OPMH)	01202 705560 01202 705004
Staff Ethnicity data i.e. joiners, leavers, disciplinaries & grievances	Delphi HR database	Barbara Martin	01202 443123
	Staff Survey	Ron Gardner	01202 443118
Critical Incidents i.e. category, frequency, ethnicity	Clinical Governance Database	Daniel Sutton	01202 443106
Attendance on Training courses split by gender and ethnicity	Training Database	Barry Barber	01202 443098
		Jo Philips	01202 492099

**EQUALITY IMPACT ASSESSMENT ACTION PLAN PROFORMA**

<b>AREA OF NEGATIVE IMPACT.</b>	<b>ACTION TO BE TAKEN</b>	<b>LEAD</b>	<b>TIMESCALES</b>

## **LEVEL OF IMPACT.**

### **Positive Impact is high when:**

A group is receiving a benefit from the policy which can be reasonably justified.

### **Positive impact is low when:**

The benefit a group receives from the policy is on a par with the local population.

### **Negative impact is low when:**

There is some negative impact on a particular group but this does not have disproportionate or inequitable outcomes and can be reasonably justified.

### **Negative Impact is high when:**

There is a disproportionate adverse impact on particular group/groups which cannot be justified.

**ORGANISATIONS FOR CONSULTATION.**

<b>Group.</b>	<b>Organisation.</b>
Gender and transgender groups.	<b>Women and Mental Health Groups</b> , (via Julia Reid: 01202 492875)
People from black and minority ethnic groups.	<b>Dorset Race Equality Council</b> , David Shire, 01202 553003 <b>Diversity Directory</b> . Available from Julia Reid 01202 492875.
People who have a disability.	<b>Disability Action</b> : 705496 <b>The Disabilities Trust</b> : 620880
People who identify themselves as gay, lesbian or bisexual.	<b>PACE – promoting Lesbian and Gay wellbeing</b> 020 77001323 <b>Over the Rainbow</b> : 01202 257478
People from different age groups.	<b>'What Now'</b> , Dorset young peoples helpline 0800 511 111 <b>Quay advice centre</b> , advice and support for 14 – 25 year olds 01202 262291 <b>Children's Legal Centre</b> 01202 873820 <b>Young Carers Officer</b> . 01202 261568 <b>Age concern</b> 01202 530530 <b>Help the Aged</b> . 01202 309224
People who have a religion or a particular belief.	<b>See DHCT intranet for comprehensive list of faith groups and contacts.</b>