



Public – To be published on the Trust external website.

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

Ref: CLIN-0024-v9

Status: Approved

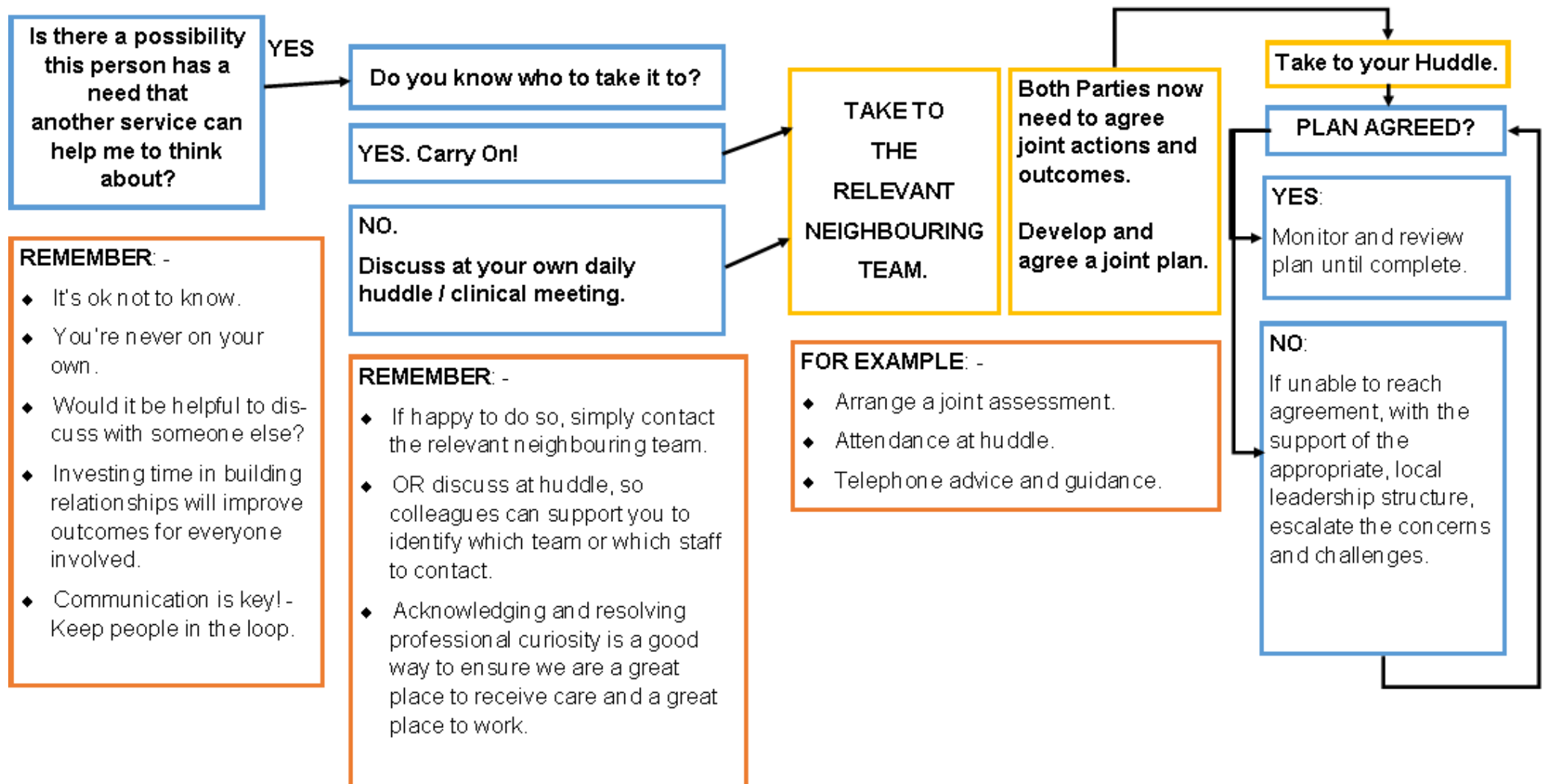
Document type: Protocol

Joint Working Principles: Applying professional curiosity and challenge.

At any point in the persons care...

STOP AND THINK!

Ensuring the huddle has oversight of the issues, plans and progress allows for timely and effective support for the clinician, MDT oversight of joint working, networking and relationship building between neighbouring teams of differing specialities. A forum for professional curiosity to be explored and challenge to be made safely.



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1 Introduction

We are required nationally to move towards a more personalised approach to care planning and away from the former 'Care Programme Approach' (CPA). The aim of this development is to move from a rigid and arbitrary CPA classification and embed a minimum universal standard of high-quality care for everyone in need of community mental healthcare.

Under the Equality Act 2010, we as an NHS organisation providing health care, are legally obliged to ensure that reasonable adjustments are made to prevent a disability putting a person at a disadvantage compared with others who are not disabled.

This protocol is critical to the delivery of Our Journey To Change (OJTC) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It aims to support Our Journey to Change by enabling our staff to deliver outstanding and compassionate care that is sensitive to the needs of patients, supports individual choice and respect rights.

It outlines guidance for staff that will help them work collaboratively with a range of services to deliver the best possible care.

2 Purpose

This protocol means to support staff to provide equitable access to care, resulting in people with a learning disability accessing safe, high-quality care from staff who have the appropriate training and skills, and in environments that cater to their needs.

This protocol clarifies the operational arrangements around people with both diagnosis of learning disability and mental health problems, in order to ensure that service users are seen efficiently and supported from services either solely or jointly as appropriate.

Service users may need to be supported by adult mental health services, older adult mental health services, learning disability services or in collaboration across services.

3 Who this procedure applies to

This protocol applies to all staff employed by TEWV who are involved in providing care and treatment.

The protocol applies to: -

- All service users over the age of 18 years and those over the age of 65 years.
- Who either have a confirmed learning disability diagnosis OR alternately strong clinical evidence in support of such a diagnosis and

- A functional mental illness and mental health problems of greater severity than would ordinarily be addressed by primary care providers.

They may have complex needs arising from the combination of having both a learning disability and mental health problems.

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

4 Related documents

This protocol relates to:

- [The Care Programme Approach and Standard Care IA-0002-v6.1](#)
- [Mental Capacity Act 2005 CLIN-0009-v5.2](#)
- [Admissions, Transfers and Discharge Policy CLIN-0012-v8](#)
- [Community Caseload Supervision Policy CLIN-0105-v1](#)

5 Principles and Scope of the Protocol

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



Stop And Think!

At any stage of a person's care – is there a possibility this person has a need that another service can help you to think about?

The needs of a service user may indicate that input from Learning Disability, Adult Mental Health or Older Adult Mental Health services should be considered. This could be at assessment or at any stage in the person's care.

Communication is key, with: -

- The person themselves,
- Their family and carers,
- Your team huddle or regular clinical discussion,
- Your neighbouring, appropriate team – be that AMH, ALD or MHSOP.

Staff will aim to utilise the skills and services available as best they can within both learning disability and adult mental health teams (Adult or Older Adult).

Ensuring that the huddle / clinical discussion meeting has oversight of the issues, plans and progress allows for timely and effective support for the clinician, MDT oversight of Joint working, networking and relationship building between neighbouring teams of differing specialities, a forum for professional curiosity to be explored and challenge to be made safely.

Care must be taken to keep disruption to the service user to a minimum with careful planning and discussion between teams. Plans on how to proceed will be made jointly, discussed at each home huddle and reviewed.

This may include (but not only)

- Telephone advice and guidance
- Joint assessment / visit
- Clinical or Pathway Supervision
- Attendance at Case Discussion Huddle
- Joint Review

6 Good Practice

- Clear clinical leadership is important to give clarity of care and decision making. The keyworker will be responsible for ensuring that this happens.
- Regular Caseload Management Supervision allows clinicians to discuss and agree how best to proceed with evidence-based pathways of care, treatment and intervention.
- The care coordinator must ensure the following occurs when an individual's care plan is based upon collaboration between services.
 - Discussions with service users are as early as possible about their ongoing care needs. The service user must be involved in the decision-making process about their care and treatment.
 - Comprehensive safety summary and safety plan is completed.
 - Contingency plan with identified relapse signatures
 - Consultation with families and carers occur where appropriate.
 - A copy of the care plan is agreed and shared with the service user.
 - Where a person is accessing services from both mental health and learning disability services, the written care plan specifies what support each service can expect from the other.
- A multi-disciplinary team approach should draw upon the expertise of the learning disability and mental health service.
- A comprehensive assessment of support needs to be included in the care plan. The support plan should include identified needs in housing, employment, finance, carer needs, and social care needs as well as medical and nursing needs.
- Transition between adult mental health services and learning disability services should be recognised and planned for as soon as possible in line with Trust policy and local arrangements.
- Access and admission decisions must always be taken based on assessed need.

- Services will request a Care and Treatment Review (CTR) in all instances where inpatient admission is looking likely to ensure that all avenues have been explored to avoid inappropriate admission.
- Where an appropriate admission is needed then a robust discharge plan should be considered from the beginning. The NHS Long Term Plan confirms that every service will, for adults with learning disability, implement and be monitored against a 12-point discharge plan to ensure discharges are timely and effective. The 12-point discharge plan tool is used to support the individual, their families and carers and staff to ensure appropriate steps are in place to support a timely discharge. Some individuals may not need every element of the plan utilised to support their discharge, but it is a helpful prompt to ensure that steps are being appropriately considered at the earliest possible stage so there are no delays to discharge due to last minute considerations of planning, commissioning, or managing legal processes. Progress of individuals against the discharge plan is monitored by NHS E via the 'Assuring Transformation dataset'.
- Disputes should be pursued promptly and not be to the detriment of the service user.
- Arbitration will have a focus on collective escalation and will be pursued through the established structures for the teams concerned.
- Where learning disability and mental health services cannot agree responsibilities for provision of a care package, it is expected that the relevant team managers will meet to resolve the matter locally and amicably.
- In exceptional circumstances where agreement has not been reached, discussion will take place between General Managers who may take clinical advice if necessary to achieve resolution.

7 Definitions

Term	Definition
MHSOP	<ul style="list-style-type: none"> • Mental Health Service for Older People
AMH	<ul style="list-style-type: none"> • Adult Mental Health Services
ALD	<ul style="list-style-type: none"> • Adult Learning Disability Services
CPA	<ul style="list-style-type: none"> • Care Programme Approach.
Huddle / Clinical Team Discussion.	<ul style="list-style-type: none"> • The planned, regular meeting that the Team holds, in order to come together as a team, discuss cases, issues and agree next steps.
C(E)TR	<ul style="list-style-type: none"> • Care, Education and Treatment Review.
In the Loop	<ul style="list-style-type: none"> • To keep people informed or updated on recent developments regarding a specific subject or situation.

8 How this procedure will be implemented

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

8.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All Clinical Staff	E-Learning: Care and Treatment Reviews	1 hour	One Off
All Clinical Staff	Tier 2. Mandatory Training on Autism and Learning Disability.	1 Day	3-yearly update.

9 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Increased compliance with E-learning: Care and Treatment Reviews.	Frequency = Quarterly x 4 Method = ESR reporting Responsible = cross specialty Joint Working Steering group	Results will be reported to the Service Level Improvement Delivery Groups for all specialties in both Care Groups.
2	Increased compliance with Tier 2 Mandatory Training	Frequency = Quarterly x 4 Method = ESR reporting Responsible = Care Group Service Level Improvement Delivery Groups.	Results will be reported to the Service Level Improvement Delivery Groups for all specialties in both Care Groups.

10 References

To appropriately direct resources, this protocol describes what you need to do in order to meet the needs of people with both a diagnosis of learning disability and mental health problems, in accordance with the requirements of: -

- The [Equality Act 2010](#).
- [Care Programme Approach NHS England Position Statement](#). March 2022.
- [The NHS Long Term Plan](#).
- [Green Light Toolkit](#) – National Development Team for Inclusion.

Also informing this protocol are the following documents:

- [NG 54 Mental health problems in people with learning disabilities: prevention, assessment and management](#).
- [NG 108 Decision-making and mental capacity](#).
- [CG 136 Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services](#).
- [National Service Framework for Mental Health Services](#).
- [Mental Health Act Code of Practice 1983](#).
- [Supporting people with a learning disability and autistic people to get the right care, at the right time, in the right place: infographic](#)
- [NHS England » Brick by brick: Resources to support mental health hospital-to-home discharge planning for autistic people and people with a learning disability](#)

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	17 April 2024
Next review date	17 April 2027
This document replaces	Joint Working Protocol for Adults with Learning Disabilities and Mental Health Problems CLIN-0024-v8
This document was approved by	Executive Clinical Leaders Sub-group
This document was approved	17 April 2024
This document was ratified by	n/a

This document was ratified	n/a
An equality analysis was completed on this policy on	21 December 2023
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v9	17 Apr 2024	<p>Amalgamated previous flowchart appendices* into a one-page infographic. Updated terminology in line with recent Trust re-structure.</p> <p>Scoped for and included more recent guidance from NHS England and NICE in the protocol.</p> <p>(* ...Greenlight AMD to LD Flowchart, ... Greenlight LD to AMH Flowchart, and ...Greenlight Escalation Flowchart removed - now based on Green Light Toolkit – National Development Team for Inclusion.)</p>	Approved

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Trustwide Adult Learning Disabilities, Adult Mental Health and Older Adult Mental Health Services.
Title	Joint Working Protocol for Adults with Learning Disabilities and Mental Health Problems.
Type	Protocol.
Geographical area covered	Trustwide.
Aims and objectives	This protocol means to support staff in providing equitable access to care, resulting in people with a learning disability accessing safe, high-quality care from staff who have the appropriate training and skills, and in environments that cater to their needs.
Start date of Equality Analysis Screening	01/12/2023.
End date of Equality Analysis Screening	21/12/2023.

Section 2	Impacts
<p>Who does the Protocol benefit?</p>	<p>People with learning disabilities will benefit from person centred, needs-led care and this protocol aims to structure how our staff deliver that care. Enhancing their ability to agree and make reasonable adjustments.</p> <p>The skills and understanding learnt are transferable and will also benefit any person receiving our care who is entitled to reasonable adjustments.</p>
<p>Will the Protocol impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?</p>	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
<p>Describe any negative impacts / Human Rights Implications</p>	<p>None identified.</p>
<p>Describe any positive impacts / Human Rights Implications</p>	<p>This protocol will support staff in ensuring that the person in our care, their needs and preferences are consulted and planned for in conjunction with them.</p>

Section 3	Research and involvement
<p>What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)</p>	<ul style="list-style-type: none"> • The Equality Act 2010. • Care Programme Approach NHS England Position Statement. March 2022. • The NHS Long Term Plan. • Green Light Toolkit – National Development Team for Inclusion. • NG 54 Mental health problems in people with learning disabilities: prevention, assessment and management. • NG 108 Decision-making and mental capacity. • CG 136 Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services. • National Service Framework for Mental Health Services. • Mental Health Act Code of Practice 1983. • Supporting people with a learning disability and autistic people to get the right care, at the right time, in the right place: infographic • NHS England » Brick by brick: Resources to support mental health hospital-to-home discharge planning for autistic people and people with a learning disability.
<p>Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?</p>	<p>This is a staff facing protocol. We have engaged and consulted with our staff, including people from protected groups.</p>
<p>If you answered Yes above, describe the engagement and involvement that has taken place</p>	<p>Protocol review Session held with over 50 staff invited from a range of professions, backgrounds and specialties.</p> <p>This group has acted as a steering group while the outputs of the review day have been drafted – adding further comment and amendments.</p>
<p>If you answered No above, describe future plans that you may have to engage and involve people from different groups</p>	<p>N/A</p>

Section 4	Training needs
<p>As part of this equality impact assessment have any training needs/service needs been identified?</p>	<p>Yes</p>
<p>Describe any training needs for Trust staff</p>	<p>Staff will need to undertake: - E-Learning: Care and Treatment Reviews and Tier 2 Oliver McGowan Mandatory Training on Autism and Learning Disability.</p>

Describe any training needs for patients	None identified.
Describe any training needs for contractors or other outside agencies	None identified.

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	Y	
Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	

Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9. Approval		
Does the document identify which committee/group will approve it?	Y	
10. Publication		
Has the policy been reviewed for harm?	Y	
Does the document identify whether it is private or public?	Y	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	N/A	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Y	