



<b>Policy Title / Subject:</b>	<b>Mental Health / Learning Disability Joint Working</b>
<b>Issued By:</b>	<b>Executive Director for Nursing</b>
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## Description:

The purpose of this policy is to facilitate joint working between Mental Health and Learning Disability Services in order to provide individuals who may have a dual diagnosis with an appropriate level of care.

## **Introduction**

Recent Department of Health policy and guidance states that adults with learning disabilities should be able to access mainstream healthcare when necessary. Learning Disability services are designed to care for the individual with a learning disability, focusing on the needs that arise from that disability. They do not provide the level of mental health expertise available in mainstream mental health services. To ensure equal access to services there is, therefore, a need to improve access to specialist mental healthcare for individuals with a learning disability and mental health problems.

It is recognised that there is a high incidence of mental illness / mental health problems within the learning disabled population. It is, nevertheless, often difficult to determine the extent to which symptoms and functioning are a direct consequence of either the individual's learning disability or mental health problem. Historically there have been issues in diagnostic over-shadowing where symptoms have been wrongly attributed to the individuals learning disability. Less frequently, diagnostic under-shadowing has occurred. It is therefore necessary, in terms of service provision, to err on the side of caution and inclusivity.

Because of the complexity of working with people with this dual diagnosis it would often be beneficial to employ the expertise of both mental health and learning disability services. The purpose of this policy is to facilitate that joint working, thereby ensuring an appropriate level of care.

It is acknowledged that people with a learning disability and mental health problem may be receiving care from a variety of services within statutory and voluntary sectors. This policy, however, applies solely to those services within Sheffield Care Trust. It is intended that this will include Assessment, Care Management and Social Work services currently provided by the Neighbourhoods and Community Care Directorate of Sheffield City Council but who are due to implement a single assessment process with SCT Learning Disability Services from April 2007.

## **Who this policy applies to**

At present this policy applies to working age adults (16-65 years) who are believed to have both a learning disability and a significant mental health problem. It also applies to those 65 and above who continue to receive care from Working Age Adult Mental Health Services in accordance with the Protocol For The Transfer of Clients Between Working Age Adult and Older Adult Mental Health Services.

(Protocols for Dementia and Depression in older adults prohibit the adoption of this policy across the full adult age range. A review date has been set for November 2007 with the intervening period being used to develop a policy that spans all services. For existing protocols for adults over 65 years of age, and not receiving care from working age adult mental health services, please refer to appendix A.)

## **Definitions**

### **Learning Disability**

- A significantly reduced ability to understand new or complex information or to learn new skills (impaired intelligence), and with
- A reduced ability to cope independently (impaired social functioning), and
- Which started before adulthood, with a lasting effect on development.

### **Significant Mental Health Problem**

- A mental health problem which, in terms of severity, duration, diagnosis or risk, can not be managed within primary care and requires input from a specialist mental health service

## **Principles**

Both mental health and learning disability services have existing eligibility criteria. This policy is not designed to undermine these criteria, however, consideration also has to be given to:

- the levels of distress experienced by the individual;
- the difficulties in understanding what is causing the individual to be so distressed;
- the totality of their experience, ie. where separately neither the individual's learning disability, nor their mental health problems meet the normal threshold for clinical input but combined result in significant difficulties and need; and
- the extent to which joint working could benefit the individual.

## **Categories of Joint Working**

Various options are possible for the involvement of both mental health and learning disability services, once a decision to become involved has been taken by the service being referred to:

1. **Mental Health Led Care and Treatment:** Mental Health services have the clear lead, care and treatment will be provided through CPA. The mental health care co-ordinator will be appointed. Input from Learning Disability Services may be in the form of specific consultation and advice to Mental Health colleagues or interventions with the individual.
2. **Learning Disability led Care and Treatment:** LD services have the clear lead for delivering care and treatment. The framework may be provided through the Single Assessment Process or Enhanced CPA. Input from Mental Health Services may be in the form of specific consultation and advice to Learning Disability colleagues or interventions with the individual.

3. Shared Care: Each service identifies a lead care co-ordinator. It is considered best practice that shared care is managed through the Enhanced CPA process, however, it is acknowledged that currently few professionals within the Learning Disability Service are trained to act as CPA Care Co-ordinator. As an absolute minimum the members of the care teams must agree relevant contacts for both service users and carers, timescales for review and develop a single, agreed plan of care.

## **General Advice**

The above categories of joint working should not prevent general advice being sought from or given to services without the requirement of a formal referral.

## **Care Management Funding**

Care Management refers to the processes in place for purchasing Social Care in order to meet a person's eligible social care needs and for reviewing the suitability of and continuing need for such services. Care Management, therefore, includes purchasing services such as nursing home care, residential care, home care and home support, the purchase of day care within the independent sector etc. It also includes the Direct Payment to User Scheme in order to meet similar assessed needs. Applications for care management do need to meet the Sheffield City Council's eligibility criteria that are based on Fair Access to Care (FACS).

Care management funding, and the budgets that support this, are held within the Sheffield City Council. Within Adult Mental Health Services this budget is managed through the Sheffield Care Trust. For Learning Disabilities Services this budget is managed within Neighbourhoods and Community Care.

Where a person with both mental health problems and learning disabilities has needs that require the purchase of a Social Care service, this need may arise from either their mental health difficulties or their learning disability or a combination of both.

A person who has most of their needs met through the Learning Disability Service may nevertheless have a need for purchased services in relation to their mental health problems, or indeed vice versa.

The decision as to whether Mental Health or Learning Disability Service funding is required should therefore be based on whether their eligible need arises from a mental health problem or from a learning disability, and not from which is the lead service within the overall care package.

Where a person's need for care management funded service arises from a mental health problem, then an application should be made to the care management panel within Adult Mental Health Services.

Where a person's need for a care management funded service arises from a learning disability then an application should be made to the Resource Allocation Panel within Learning Disability Services.

Where a person's need for a care management funded services arises from a combination of both their mental health problems and learning disability then an application should be made to both the above panels.

Learning Disability and Mental Health Services have processes in place in order to enable care to be provided on a jointly funded basis.

## **Referrals**

Services users will be consulted regarding the proposed referral to the other service. Except where there are acknowledged issues of capacity, service user consent will be required to support the referral.

The minimum data for referrals between the respective services is as outlined below:

### **Mental Health to Learning Disability Referrals:**

- A referral by completion of a Contact Assessment (see Appendix B) which must include:
  - Reason for referral
  - Contact details of the referrer
  - GP details
  - What specialist support required
  - The reasons why the individual is thought to have a learning disability
  - Current risk assessment
  - Consent, or reasons why it is not possible to obtain consent
- If a CPA care plan exists it should be attached to the contact assessment.

### **Learning Disability to Mental Health Referrals:**

- A completed Referral Form (see Appendix C) with additional information as appropriate. This must include:
  - Either results of PAS-ADD Checklist (Revised) or reasons why the referral is being made in absence of its completion.
  - Reason for referral
  - Contact details of the referrer
  - GP details
  - What specialist support is required
  - Current risk assessment
  - Consent, or reasons why it is not possible to obtain consent
  - Care plan including currently prescribed treatment

## ○ Inpatient Care

The Trust has four mental health adult acute admission wards. Burbage and Stanage are at the Michael Carlisle Centre, Rowan and Maple at the Longley Centre. These serve different geographical areas of Sheffield, however, Maple also provides a specific city wide inpatient service for patients with a mental health / learning disability dual diagnosis. The specialist dual diagnosis beds on Maple can be accessed directly by medical staff within Learning Disability Services. Other acute mental health beds are accessed via the Crisis Assessment and Home Treatment Service. This service screens all referrals in order to consider whether home treatment can be offered as an alternative to inpatient care.

The Assessment and Treatment Unit (ATU) is the one admission ward within Learning Disability Services. The purpose of the ATU is to work with people with learning disabilities whose behaviour is causing concern but whose primary needs are believed to be related to their learning disability.

At the time of referral to inpatient care it may not be possible to determine the extent to which learning disability or mental health problems contribute to the current presentation. In such cases consideration should be given to which environment may best manage the needs of the person in order to allow assessment to continue.

The following principles apply to the inpatient care of those with a dual diagnosis:

1. Service users with acute admissions to either MH or LD inpatient care, who subsequently are identified as likely to have a dual diagnosis, should be referred as soon as possible, with valid consent, to the other service.
2. Individuals with Learning Disability Service led care requiring a planned admission to acute mental health inpatient care will be referred to Maple Ward by Learning Disability Psychiatry. All others will access inpatient care through mainstream routes.
3. Individuals with a learning disability who exhibit challenging behaviour should be referred to the Assessment and Treatment Unit. Challenging behaviour is defined as behaviour which is of such an intensity, frequency or duration, that the physical safety of the person or others is placed in jeopardy, or behaviour which seriously limits or denies access to the use of ordinary community facilities.
4. In the case of unplanned admissions inpatient staff have a responsibility to identify whether individuals are known to other services and to ensure that the relevant parties are informed of admission as soon as possible. If there is no involvement by other services though input is deemed beneficial then a referral should be made and responded to with the highest priority.
5. It is essential that services agree to the nature of joint working prior to discharge and have identified a care co-ordinator – see Categories of Joint Working above.
6. Discharge from hospital will be arranged through a pre-discharge CPA meeting.

## **Withdrawal of a service / arbitration**

Within all categories of joint working it is essential that there is agreement between both services should either deem it appropriate to discharge the service user. Best practice would require that this agreement is reached through the CPA process with all practitioners involved from both services must being consulted.

Should it prove impossible to gain agreement between both services on the withdrawal of one, Sheffield Care Trust's "Resolving Differences of Opinion Between Practitioners" Guidelines should be referred to and the matter passed to the relevant Clinical and Service Directors.

In all cases where agreement between the two services is not immediate, the withdrawal of one should be delayed until resolution has been achieved or a decision has been taken by Directors of the two services.

## **External referrals**

It sometimes happens that an individual currently under the care of one of the services is referred by a third party (normally but not exclusively their GP) to the other service. It is essential that the Insight contact history of all new referrals is checked and, if there is involvement from the other service, the relevant professionals are contacted to determine whether there is a need for joint working. It is not sufficient simply to forward the new referral to the other service.

## Appendix A

### **Referral Process for people over the age of 65 who have a mental health difficulty and are learning disabled**

#### **Functional Mental Health**

**In line with the Depression Protocol** – concern expressed by the person carer or professional involved with the client's case,

#### **Attend GP for assessment.**

The clients who have a mild depression will mainly be managed by the Primary Care Team.

#### **Referral to the Community Mental Health Team occurs via the GP when**

- two or more antidepressants have been tried,
- the condition deteriorates,
- suicidal intent
- known bipolar illness
- Psychosis
- Involvement with alcohol or substance misuse causing serious problems

If the client referred is known to have a learning disability the Community mental health team will contact the key worker in the Health Care Teams and joint working may be the most beneficial way to meet the client's needs. This will be discussed and agreed.

If the client referred is not known to the Health Support Team the Community Mental Health team member may contact the health Support team for advice.

#### **Organic mental Health**

**In line with the Dementia Protocol** – Concern expressed by the person, carer or professional involved in the clients case

#### **Attend GP for assessment**

Clients will be referred to the Community Mental Health by the GP who will have completed the assessment before referral

- Description of onset
- Contact details
- Past medical history
- Blood results- Dementia Blood screen
- Medication
- Client/carers perception of the problem
- MMSE

The client referred will be triaged in the Community mental health team using the triage criteria. The person may be assessed at home or at the Memory management service.

The community Mental Health team staff will contact the referrer and may need to contact the health support teams for joint working or advice.



Referral to the Memory Management Service for people who have a memory difficulty and also have a learning disability over the age of 65years will be in line with the Dementia Protocols.

The GP will make the referral initially to the Community Mental Health Team who will triage the referral prior to being referred to the Memory Management service for Assessment and diagnosis.

The Memory Management Service will work closely with the Learning Disability Health Teams to ensure that the needs of the client are met.

- Staff from the health support teams to do a joint assessment with the staff from the memory management service using assessments which may be more suitable for this client group
- Staff from health support teams to link with staff regarding memory management strategies
- It is envisaged that carers will already be receiving support from the health support teams but could gain advice from staff at the memory management service.

**Contact Assessment – Information****Appendix B**

<b>Complete if applicable</b>		
Admission date:	Time:	Type of admission: Emergency/ list/ other
ID bracelet checked and correct: Yes		
Consultant:	Hospital:	Ward:
Patient consent to name on white board: Yes / No If No, action:		

Title:	Marital status: M / S / D / W / Other	CareFirst ID:
First name(s):		NHS Number:
Family name:		NI Number:
Preferred name:		INSIGHT Number:
Sex: Male / Female		Hospital Number:
Date of birth:	Age:	Housing ID:
Occupation (past / present) :		
Permanent Home Address		Present Address (if different)
Telephone Number		Telephone Number
Ethnicity:		First language:
Interpreter required: Yes / No		Signer required: Yes / No
Religion:	Practising: Yes / No	Preferred means of communication (e.g. Makaton):
Has the person a disability: Yes / No If Yes, What type of disability (learning and/or physical)? :		
Has an illness or injury resulted in lasting problems: Yes / No If Yes, include in summary of relevant medical history		

<b>Is the person a carer</b> for someone? Yes / No If Yes, state relationship & complete details below	Relationship:
Name	
Address	Telephone Number:
Has the person parental responsibility for anyone under 18 years? Yes / No If Yes, please state names and ages:	

Name of <b>Independent Advocate</b> (& organisation, if applicable)	Telephone number:
<b>GP and Dentist Details</b>	
Name of GP: GP practice address:	
Telephone number:	Primary Care Trust:
Name of Dentist:	Telephone number:

Name (Print):

Designation:

Signature:

Date:

Time:

**Carer/ Next of Kin: Primary Contact** (This person must be the chosen person for sharing information.  
NB: A next of kin should be obtained if at all possible)

Name: Relationship:

Address: First language:

Post Code:

Home Telephone Number:

Work Telephone Number:

Mobile Telephone Number:

**Complete if Applicable (Hospital use)**

Aware of Admission: Yes / No

Contact at Night: Yes / No

Can attend hospital at short notice: Yes / No

Has been given contact number for:

Consultant's secretary: Yes / No

Consultant's name:

Patient Advice & Liaison Service Officer: Yes / No

Is this person your next of kin / carer / both / other?

**Carer/Next of Kin: Second Contact**

Name: Relationship:

Address: First language:

Postcode:

Home Telephone Number:

Work Telephone Number:

Mobile Telephone Number:

**Complete if Applicable (Hospital use)**

Aware of Admission: Yes / No

Contact at Night: Yes / No

Can attend hospital at short notice: Yes / No

Is this person your next of kin / carer / both / other?

**Type of permanent accommodation** (Tick below, as applicable)

House	<input type="checkbox"/>	Maisonette (upper/lower)	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
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Sheltered	<input type="checkbox"/>	Residential Home	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>
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Other: (Please Specify)

Flat (Floor number)	<input type="checkbox"/>	Access by Lift	<input type="checkbox"/>	Access by steps / stairs	<input type="checkbox"/>
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Is the person the householder: Yes / No

Housing Association: (Please Specify)	<input type="checkbox"/>	Council Tenancy	<input type="checkbox"/>
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Privately rented: inc name of landlord	<input type="checkbox"/>	Owner occupier	<input type="checkbox"/>
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Other: (Please Specify)

Number of people in your household:	<input type="checkbox"/>	Are you able to keep your home warm?	<input type="checkbox"/>
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Where do you sleep?	<input type="checkbox"/>	Are there any problems with access? E.g. key pad	<input type="checkbox"/>
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Where is the toilet?	<input type="checkbox"/>	Do you have a pet? Yes / No Type:	<input type="checkbox"/>
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Are there any safety issues with your home, including pets? Yes / No

Specify in concerns section / consider referral to housing

Name (Print): Designation:

Signature: Date: Time:

Name:

DOB:

ID:

**Contact Assessment**

**A. Person's Concerns** (Use continuation sheet if required)

In person's own words where possible, and if not possible please indicate below the reason for this. This section should include: What the main concern/ need is and why; how long it has been a concern/need; Abilities; how it could be resolved, taking into account any race, spiritual, or cultural needs; In addition include any other concerns and/or recent life events or changes;

**B. Family/ Carer's/ Significant Other's Concerns** (if different from above)

This section should include how they would like concerns to be resolved

**C. Referrer/ Assessor's concerns**

If relevant, detail any specific current, or likely areas of risk to independence.

***NB If there are adult protection concerns, Adult Protection Procedures should be initiated***

**Referrer Details/ Individual giving this information**

Name:

Profession/ Grade:

Address:

Contact Telephone Number:

Date of this referral:

Time of this Referral:

Is the person aware of this Referral: Yes / No

Name (Print):

Designation:

Signature:

Date:

Time:

**Consent**

To avoid having to repeat some of the information gathered during this assessment and to help provide you with the right services, we may need to share your personal information/ gather further information with others involved in providing you with services and/or care.

You do not have to agree to the information in your assessment being shared, but this may make it difficult to provide you with all the services you may require.

If there are particular questions in this assessment you do not want shared, we will record this in the assessment and ensure the information is not passed on.

Verbal Consent to Share Information Given: Yes / No

Verbal Consent to Seek Information Given: Yes / No

I agree to my information in this assessment being shared, as appropriate, with others involved in my care.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Reason why consent not obtained:

Name (Print):

Designation:

Signature:

Date:

Time:

Name:

DOB:

ID:

**Consent to share information obtained: Yes / No verbal / written**

**Summary of Relevant Medical History**

Please list injuries, conditions and current diagnoses and their effect on the person:

**Summary of Action Required / Reason for Referral:**

**Information**

In what format(s) do you want any relevant information? e.g. Large print, braille, symbols or pictures, simple language, face to face, specific language

Name (print):	Profession/ grade:
Worksite:	Worker ID number:
Contact telephone number:	Agency:
	Date:

Name (Print):

Designation:

Signature:

Date:

Time:



## REFERRAL FORM

<i>For office use only</i>		
NHS No.	SOSCIS:	Insight No.

### CLIENT

M / F Name (in full): \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Name / Family Name: \_\_\_\_\_

Usual Address: \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_ Post Code: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Signer / Interpreter required (*please circle*):      YES                              NO                              NOT KNOWN

### RELATIVE OR CARER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

### REGISTERED GP

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Practice: \_\_\_\_\_

Is the client:    Registered Temporarily?    YES / NO                              An overseas visitor?    YES / NO

### REFERRED BY: (*if not G.P.*)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Agency (*if appropriate*): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reason for Referral / Service Requested: (*Please state degree of urgency*)

**FURTHER INFORMATION**

**Background** (e.g. presenting problems, duration, family and social history, housing, employment, substance misuse etc.)

**Risk Issues** (e.g. violence to others / self harm / neglect / child protection)

**Give details of current medication and / or other treatment / physical health.**

**Date last seen by G.P. if known**

**If the client is unable to attend an Assessment Clinic or requires a home visit, please state why.**

**Other Services or Agencies known to be involved** (include name or contact number if possible)

**PREVIOUS CONTACT – has the person used any of the following? (please circle):**

**In-patient Ward                      CMHT                      Day Care                      Out-patients                      Other**

**Signed:** \_\_\_\_\_ (please also print name) \_\_\_\_\_

**Referral Date:**

**WHEN COMPLETED, FAX OR POST THIS FORM TO THE REFERRAL SECRETARY FOR YOUR SECTOR**

<i>For Office Use Only:</i> <b>SOSCIS check</b>		<b>Insight check</b>	
<b>Known / Current Case</b>	<input type="radio"/>	<b>CPA Level</b>	<input type="radio"/>
<b>Known / Closed Case</b>	<input type="radio"/>	<b>Current Contact</b>	<input type="radio"/>
<b>Known / Household member</b>	<input type="radio"/>	<b>Previous Contact</b>	<b>Yes</b> <input type="radio"/> <b>No</b> <input type="radio"/>
<b>Not Known</b>	<input type="radio"/>	<b>Not Known</b>	<input type="radio"/>

Date referral received: \_\_\_\_\_

Date allocated: \_\_\_\_\_ Allocated to: \_\_\_\_\_

Referrer Informed: YES / NO

Date to be seen: \_\_\_\_\_