NHS
Sheffield Health
and Social Care
NHS Foundation Trust

Policy:

OPS 012 - Greenlight For Mental Health: Provision Of Mental Health Services For Adults With A Learning Disability And/Or Autism

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Summary of Policy

This Policy is for people with a learning disability or autism or both to be supported to access mainstream services and facilities as and when they need them, without experiencing barriers or exclusion on the basis of their learning disability or autism or both.

Target Audience	All SHSC staff (including staff seconded into or working in SHSC services)
Keywords	Greenlight, reasonable adjustments, equality, access to mental health services, learning disability, autism.

Storage

Version 4 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the earlier versions (please note that V2 was never passed and did not make it onto the intranet/internet). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	Initial draft	01 October 2018	Policy written to support operational clarity and strategic direction of inclusive and accessible services.
1.1	Draft following email consultation with GreenLight Group & Operational Leads Reference Group	31 January 2019	Feedback included request for information on transitions and 136 suite.
1.2	Draft following consultation with GreenLight Group & Operational Leads Reference Group	26 April 2019	Feedback included request for simplified flow diagram, case examples and definitions.
2.0	Policy submitted to July PGG Meeting, but was not passed as Kate Virgo felt that her team had not been consulted with in regard to physical health elements.	July 2020	This version was not passed and therefore was never up-loaded onto the Intranet/Website.
3.0	Policy amended after July PGG – see above.	Sept 2020	Version control has now been amended. Kate Virgo's team have been consulted.
4.0	Policy amended following review by Consultant Clinical Psychologist – Learning Disabilities & SAANS	14 October 2024	Updated to take account of feedback from Trust groups, national guidance and changes to services following the closure of Firshill Rise ATS and the inclusion of SEND.

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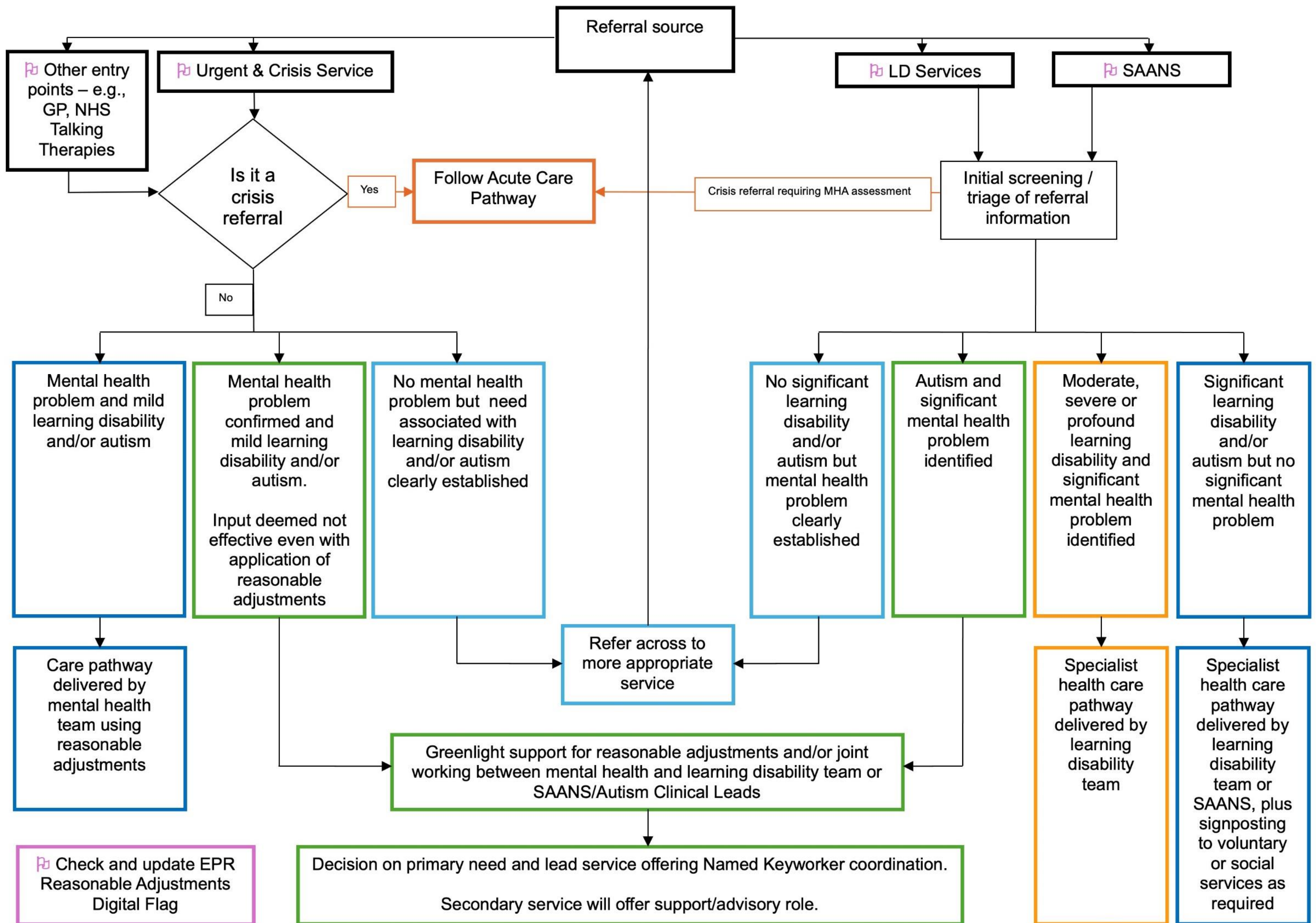


Referral source
Other entry points – e.g., GP, NHS Talking Therapies
Urgent & Crisis Service
LD Services
SAANS
Is it a crisis referral
Yes
Follow Acute Care Pathway
Crisis referral requiring MHA assessment
Initial screening / triage of referral information
No
Mental health problem and mild learning disability and/or autism
Mental health problem confirmed and mild learning disability and/or autism.
Input deemed not effective even with application of reasonable adjustments
No mental health problem but need associated with learning disability and/or autism clearly established
No significant learning disability and/or autism but mental health problem clearly established
Autism and significant mental health problem identified
Moderate, severe or profound learning disability and significant mental health problem identified
Significant learning disability and/or autism but no significant mental health problem
Care pathway delivered by mental health team using reasonable adjustments
Refer across to more appropriate service
Specialist health care pathway delivered by learning disability team
Specialist health care pathway delivered by learning disability team or SAANS, plus signposting to voluntary or social services as required
Greenlight support for reasonable adjustments and/or joint working between mental health and learning disability team or SAANS/Autism Clinical Leads
Check and update EPR Reasonable Adjustments Digital Flag
Decision on primary need and lead service offering Named Keyworker coordination.
Secondary service will offer support/advisory role.

1. INTRODUCTION

Sheffield Health and Social Care NHS Foundation Trust (SHSC) aims to provide high quality, safe and effective services for people with mental health problems, which are accessible to all who need them. In line with the SHSC Clinical and Social Care Strategy all care should be person centred, evidence based, strengths led, and trauma informed.

The evidence shows that people with a learning disability or autism or both are more likely to have mental health needs than the wider population. They 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 (Equality Act, 2010). They also have the right to joint working from specialist Learning Disability or Autism services where needed.

This policy aims to ensure access for this service user group by working together to provide integrated care and treatment to meet the needs of people in line with current government policy and guidance. In 2022 the National Development Team for Inclusion updated their Green Light Toolkit which provides guidance on how to support mental health services as they work on improving their response to three groups of people. The three groups are:

- People with learning disabilities
- Autistic people
- Autistic people who have learning disabilities

People in each of these three groups have the same rights to high quality care from mental health services as any other citizen. However, they do not always get it. Nationally there is an expectation that by 2025 all Electronic Patient Records (EPR) will include a 'Reasonable Adjustments Digital Flag'. This flag identifies what person-centred adaptations the individual requires to access services.

2. PURPOSE

The purpose of this policy is to set out the service access pathway arrangements and care responsibilities of mental health services, Specialist Community Learning Disability Services (SCLDS) and Sheffield Adult Autism and Neurodevelopmental Service (SAANS).

Our aim is for people with a learning disability and/or autistic people to be supported to access mainstream services and facilities as and when they need them, without experiencing barriers or exclusion on the basis of their learning disability or autism or both. Improvements in knowledge, skills and care are mandatory as highlighted in the national Oliver McGowan Training. The trust has also launched a **Green Light Resources page** on the trust's intranet (JARVIS) where staff can access useful information including inclusive care plans.

This policy will support us to make sure that our services provide the right person-centred treatment, care and support and as a consequence access better health outcomes thereby reducing the mortality gap highlighted by the learning from lives and deaths programme (LeDeR).

3. SCOPE

The policy applies to all service users with a learning disability and/or autism alongside an associated mental health problem. The policy applies to all staff involved in the provision of services within SHSC.

Due to the nature and needs of these service user groups, this policy should be read in conjunction with the relevant policies including Mental Health Act Code of Practice Equality and Human Rights, Mental Capacity Act Policy and the Deprivation of Liberty Safeguards Policy.

4. DEFINITIONS

4.1. Learning Disability

The government states that a learning disability is a "significant impairment of intelligence and social functioning acquired before adulthood". This means that people with a learning disability typically have a degree of difficulty with:

- Learning new things, remembering, understanding and problem solving.
- Communicating, looking after themselves, daily living skills such as cooking and cleaning, telling the time and managing money.

Acquired before adulthood means:

- Some people are born with a learning disability, (this may be genetic or can be caused during pregnancy or birth).
- Other people's learning disability is caused by illness or an accident during childhood.
- Sometimes there is no known cause. At least two in every hundred people will have a learning disability.

What a learning disability is not:

- It is not an illness – it is a lifelong condition. However, there is a lot that can be done to help people develop their skills and contribute positively to society.
- It is not a mental health problem although people with a learning disability are more likely to develop mental health problems.
- It is not a specific "learning difficulty" (like dyslexia or dyspraxia) which affects a specific area of learning. School reports might say a learning difficulty, but this is different from what is meant by learning disability.
- Some people with a learning disability might have autism as well, but it is not the same thing. Current research suggests that one in three autistic people have a learning disability (O'Nions, et al., 2023).

Levels of learning disability:

Every person with a learning disability is unique and will have their own strengths and differences. For this reason, it is essential to work in a person-centred manner when supporting the person.

- People with a mild learning disability are typically more independent but will require some support in certain areas.
- People with a moderate learning disability will need support across many activities and most of the time.

- People with a severe/profound learning disability will require support across all areas of life. This includes people with profound and multiple learning disabilities.

The NHS Long Term Plan highlights the following priorities for people with learning disabilities:

1. To tackle the causes of morbidity and preventable deaths by learning from lives and deaths (LeDeR)
2. Stopping the over medication of people with a learning disability, autism or both (STOMP)
3. To work together as an NHS to improve health and wellbeing via improved reasonable adjustments and access to health passports and primary care based annual health reviews
4. To reduce restrictive interventions and inpatient care
5. To improve access to community intensive, crisis and forensic support

Key resources to support people with a learning disability

- SHSC learning disabilities video resources - https://www.youtube.com/@shsclearningdisabilities155
- British Institute of Learning Disabilities (BILD) - https://www.bild.org.uk/resources/
- Easy health - https://www.easyhealth.org.uk/ an online library of easy read information about health conditions
- IAPT – Learning Disabilities Positive Practice Guide - https://www.learningdisabilities.org.uk/learning-disabilities/publications/learning-disabilities-iapt-positive-practice-guide2
- Learning from lives and deaths (LeDeR) - https://www.england.nhs.uk/learning-disabilities/improving-health/learning-from-lives-and-deaths/
- MENCAP - https://www.mencap.org.uk/learning-disability-explained/resources-healthcare-professionals
- NHS-E - https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/people-information/
- National Development team for Inclusion (NDTi) - https://www.ndti.org.uk/change-and-development/learning-disability
- STOMP - https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/

4.2. Autism

Autistic people are on a spectrum. This means every autistic person is different. Some autistic people need little or no support. Others may need help from a parent or carer every day. For this reason, it is essential to work in a person-centred manner when supporting the person.

Autistic people may:

- Have differences in how they communicate and interact with other people
- Find it hard to understand how other people think or feel
- Find things like bright lights or loud noises overwhelming, stressful or uncomfortable
- Get anxious or upset about unfamiliar situations and social events
- Take longer to understand information
- Do or think the same things over and over
- Have increased vulnerability to mental health problems including a risk of suicidal ideation

Autism is not a medical condition with treatments or a "cure". But some people need support to help them with certain things.

Autistic people can live a full and good life and many autistic people are employed, have long term relationships and have children. Like everyone, autistic people have things they're good at as well as things they struggle with. Being autistic does not mean the person can never make friends, have relationships or get a job. However, they may need extra help with these things.

There are other names for autism used by some people, such as:

- Autism spectrum disorder (ASD) is the medical name for autism
- Asperger's (or Asperger syndrome) is an older diagnostic term used by some people to describe autistic people with average or above average intelligence

Nobody knows what causes autism, or if it has a cause. It can affect people in the same family. Unfortunately, there has been much misinformation about autism which needs challenging. For example, Autism is not caused by bad parenting or vaccines or diet.

Autistic people can have any level of intelligence. Some autistic people have average or above average intelligence. Current research suggests that one in three autistic people have a learning disability. Autistic people may have other neurodevelopmental differences such as:

- Attention deficit hyperactivity disorder (ADHD)
- Dyslexia
- Dyspraxia
- Epilepsy

In the national guidance, "Meeting the needs of autistic adults in mental health services" states that services should ensure:

1. Services are accessible and acceptable to autistic adults
2. Support access to meaningful activity
3. Facilitate timely access to autism assessment, when clinically indicated
4. Use evidence to guide intervention choice
5. Assess and proportionately manage risk
6. Monitor and minimise the use of restrictive practices
7. Support cohesive transitions
8. Consider the physical health needs of people accessing mental health services

Key resources to support autistic adults

- Sheffield Adult Autism Neurodevelopmental Service (SAANS) video resources - https://www.shsc.nhs.uk/services/sheffield-adult-autism-and-neurodevelopmental-service-saans
- How to adapt talking therapies to autistic adults - https://www.autism.org.uk/what-we-do/news/adapt-mental-health-talking-therapies
- National Autism Society (NAS) https://www.autism.org.uk/advice-and-guidance/what-is-autism
- NHS-E - https://www.england.nhs.uk/learning-disabilities/about/useful-autism-resources-and-training/
- NHS-E: Meeting the needs of autistic adults in mental health services https://www.england.nhs.uk/wp-content/uploads/2023/12/B1800-meeting-the-needs-of-autistic-adults-in-mental-health-services.pdf
- Sheffield Adult Autism Support Hub - https://www.mhm.org.uk/adult-autism-support-hub
- Sheffield Autism Partnership Network - https://sapn.org.uk/

5. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

5.1 The Board of Directors

It is the duty of the Board of Directors to oversee that all individuals receiving care, treatment and support from the Trust, receive high quality care based on an individual assessment of the range of their needs and choices. The Board of Directors delegates authority to the Chief Executive.

5.2 Chief Executive

The Chief Executive has overall responsibility for the implementation of this policy, and in turn this responsibility is delegated to the directors and senior managers.

5.3 Medical Director

The Medical Director is responsible for providing clinical leadership within the Trust and for the provision of senior clinical advice to the Board of Directors. The Medical Director line manages Clinical Directors and is responsible for resolving issues where there are differences of opinion, which cannot be resolved by the Clinical Leads in Adult Mental Health Services, SCLDS or SAANS.

5.4 Executive Directors

Executive Directors are responsible for providing operational and corporate leadership within the Trust in relation to relevant interdependencies necessary for this policy to be fully implemented. This includes support for the development and improvement of financial, IT/IMS, estates, training and workforce enablers.

5.5 Heads of Service

Heads of Service are responsible for:

- The implementation of the policy across the specified services.
- The on-going review of the policy to keep it up to date with current best practice.
- Providing reports and assurance to relevant governance meetings on any issues associated with the implementation of the policy.
- Facilitating effective joint working with internal and external partners and stakeholders.

5.6 Clinical Directors

The role of Clinical Directors is to provide advice to colleagues within Mental Health Services, the SCLDS or SAANS. The role is supportive and facilitative. The Clinical Director may be asked to advise and/or provide a second opinion for service users where there are professional differences of opinion between services and help resolve matters in a responsive and timely manner so that service user care is not adversely affected.

5.7 Directors and Chief of Professional Groups

The role of Directors and Chief of Professional Groups is to provide professional leadership, advice and support toward the effective implementation of this policy down professional lines of accountability. This includes ensuring access to appropriate levels of training and development is made available so that each profession can bring its full expertise to support service users who have a learning disability and/or autistic adults to achieve positive outcomes.

5.8 Nurse, AHP, Psychology or Medical Leadership for Mental Health

Senior clinical staff including Modern Matrons, Consultant Nurses, Consultant Psychologists, Lead AHPs and Medical leaders are responsible for:

- Advising the relevant Directorates in relation to staff training needs, and the content of the training.
- Keeping up to-date with any changes to National policy / NICE guidance which may have implications for clinical practise in relation to this policy.
- Advising the Directorate Leadership Team of any changes which are required to keep practise in line with National policy /NICE guidance.
- Advising and supporting clinical staff when dealing with complex cases which fall under the remit of this policy.

5.9 General Managers

- General Managers are responsible for the implementation of the policy within their areas of responsibility.
- They are the next point of escalation in cases where there are differences of opinion at team manager and/or at pathway meetings.
- They will ensure all relevant staff access the agreed training plan and are supported via access to supervision and annual Performance Development Review (PDR).

5.10 Team Managers, Ward Managers and/or Senior Nurse Practitioners

- Community Team Managers, inpatient Ward Managers and/or Senior Nurse Practitioners are responsible for initiating and organising the joint assessment process with the SCLDS and/or SAANS.
- They identify appropriate staff to participate in a workshop, practice development or consultation session with the SCLDS and/or SAANS.
- Team Managers or Ward Managers are responsible for the appropriate allocation of service users to staff. They are responsible for ensuring staff access relevant training and supervision to respond to the needs of the service user in line with this policy.

5.11 Clinical Staff

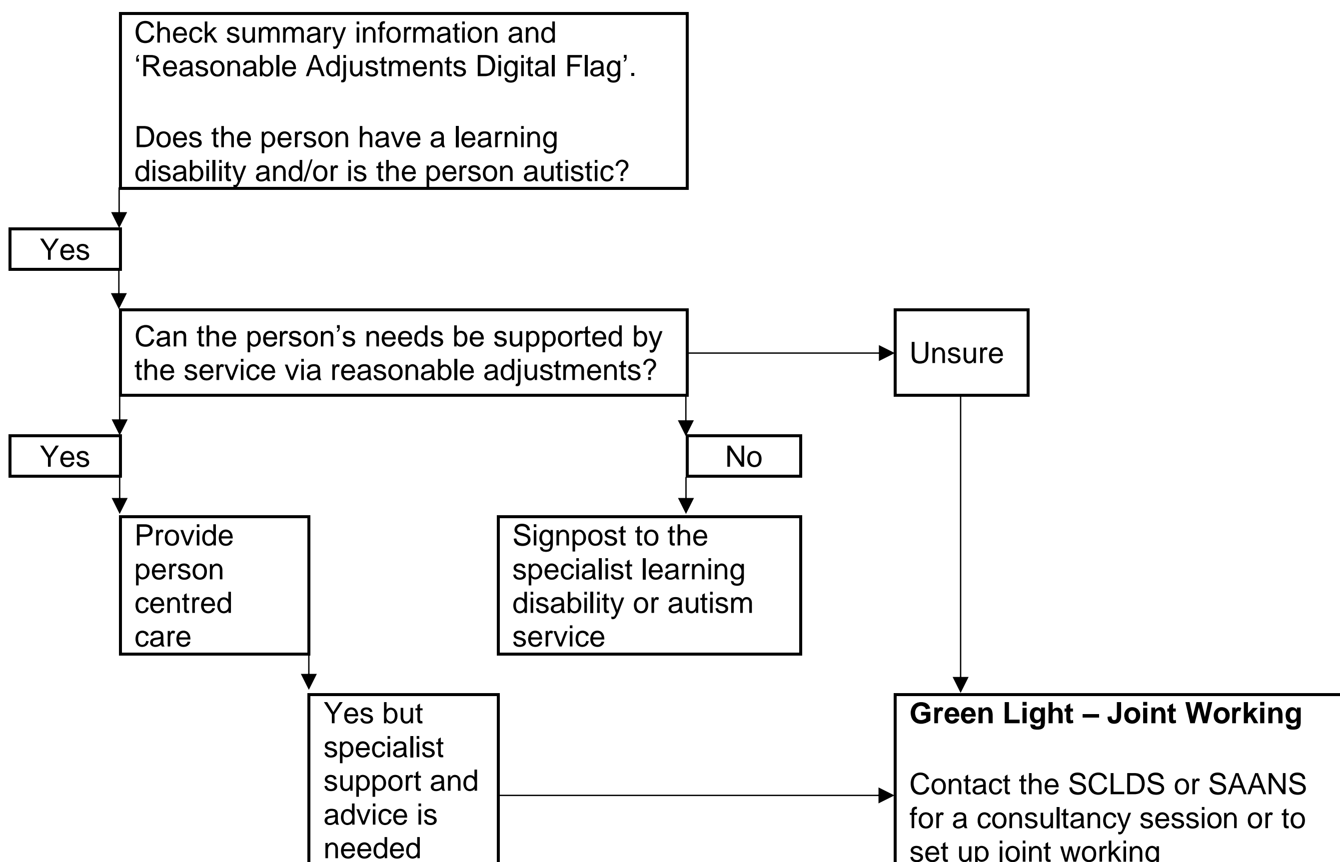
It is the responsibility of all clinical staff working for SHSC to:

- Be familiar with, and follow the guidance as set out in this policy.
- Attend any training which has been identified for them in relation to this policy.
- Report any breaches in relation to compliance with this policy.

6. PROCEDURE/IMPLEMENTATION

6.1 Core decision making principles

Greenlight working centres on the principle that people with a learning disability and/or autism must be supported to access the same 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. This means that in practice a person's pathway should follow the process outlined in the diagram below.



6.2 Transition

Young people who have been supported by Ryegate or Child and Adolescent Mental Health Services (CAMHS) may need to transition into SHSC for ongoing mental health support. Transition arrangements between Ryegate, CAMHS and SHSC services should follow local protocols and be based upon the individual's primary need and their ability to access provision under reasonable adjustments. Where a young person has a milder degree of learning disability and/or autism access to mainstream services should be supported via reasonable adjustments. For individual's whose level of learning disability is more significant or severe, transition arrangements should be made based upon the flow chart (see start of policy) leading to a joint working arrangement or SCLDS provision.

In all cases decisions regarding the lead provider must be made proactively before the young person transitions from Ryegate or CAMHS to SHSC services. This is to ensure there is no gap in service delivery experienced by the young person.

In order to support collaborative care and effective MDT working, the Named Keyworker should schedule person centred care reviews to support assessment, formulation and treatment. These reviews should include person centred goals based on the findings from Patient Reported Outcome Measures (PROMS).

6.3 Community Pathway

The Trust provides a wide range of community mental health services, each one catering to identified populations based on locality and clinical need.

The Trust provides a Specialist Community Learning Disability Service (SCLDS). This service offers a broad range of specialist health services for adults with a more significant level of learning disability. This includes people with profound and multiple disabilities (PMLD) whose needs cannot be met in mainstream services offering reasonable adjustments. The SCLDS provides **Green Light support** to mainstream services. Staff can visit the service SCLDS website to find out how to access this support.

The Trust provides an autism diagnostic service Sheffield Adult Autism & Neurodevelopmental Service (SAANS). This service provides a diagnostic service for Sheffield residents and primarily focusses on autism and Attention Deficit & Hyperactivity Disorder (ADHD). SAANS is also commissioned to provide a limited amount of post diagnostic support to people struggling to cope with the impact of autism. In cases where other difficulties are identified SAANS will signpost or refer on to other services offered by SHSC as appropriate. SAANS provides **Green Light support** to mainstream services. Staff can visit the SAANS website to find out how to access this support.

Furthermore, the Trust employs Autism specialist clinicians within its community mental health services. These staff members can provide autism inclusive approaches to meeting the needs of autistic people who have a mental health problem.

Person centred care

Person centred care means that every service user should be able to access mainstream mental health services, SCLDS, SAANS or a combination of these services based on their unique individual needs. Initial referrals may present via NHS 111, GP, NHS Talking Therapies or other SHSC services. It is the responsibility of the service receiving the referrals to make the initial

decisions for assessment based on the protocol attached (see flow diagram at the beginning of the policy).

Where the presenting issue relates to mental health, learning disability or autism then a joint assessment can be considered, and the care plan agreed based on identified primary need.

- 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[1]'. (See Appendix B & C: for good practice examples).
- Mainstream mental health services will take lead provider role for autistic people (whether diagnosed or not) who require mental health input.
- The SCLDS will take the lead provider role for people whose needs cannot be met under reasonable adjustments. This may be due to the person having a significant level of learning disability resulting in a difficulty accessing services under reasonable adjustments.
- Autism services will take the lead provider role where a diagnosis of autism is required, and the person does not have a learning disability or a mental health problem requiring input. Following diagnoses any further needs will be signposted to the relevant service.

In the event of a mental health crisis relating to an adult with a learning disability identified as posing an **immediate risk** to themselves, or others to the degree that requires inpatient admission, staff involved in assessing need should follow the acute care pathway.

In order to support collaborative care and effective MDT working, the Named Keyworker should schedule person centred care reviews to support assessment, formulation and treatment. These reviews should include person centred goals based on the findings from Patient Reported Outcome Measures (PROMS).

6.4 Details of joint working arrangements for community service users

A key objective of this policy is to facilitate more effective systems for joint working between services.

Where it is agreed that individuals who have mental health problems as well as a learning disability and/or are autistic (dual diagnosis) requiring further treatment, they will be assigned a Named Keyworker who will initiate a person centred care review. In these circumstances, following a joint assessment, a decision is made as to the most appropriate service to take the lead and care coordinate, and which will act in a support/advisory role.

If adult mental health services are considered the most appropriate service to lead, then a mental health worker will be identified as the Named Keyworker and SCLDS staff will provide advice on reasonable adjustments.

Where a person being cared for by SCLDS develops a severe mental illness, if following joint assessment, a decision is reached that Adult Mental Health services are the most appropriate service to lead, then Named Keyworker care co-ordination will transfer to Mental Health Services. In such cases SCLDS will support with specialist needs associated with the person's learning disability.

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[1] https://www.gov.uk/government/publications/reasonable-adjustments-for-people-with-learning-disabilities

It is essential that mainstream and specialist 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 Named Keyworker is responsible for effective care coordination and can call a Person Centred Care Review meeting inviting staff from specialist services such as (SCLDS or SAANS). Care plans should clearly identify the contribution of mental health and SCLDS or SAANS. The Named Keyworker will record which members of the MDT are responsible for each component of care. Person Centred Care Review's support an MDT approach to assessment, formulation and treatment. These reviews should include person centred goals based on the findings from Patient Reported Outcome Measures (PROMS).

6.5 Local Area Emergency Protocol and Care, Education & Treatment Reviews

The Local Area Emergency Protocol (LAEP) process is triggered at the point when a person who has a learning disability and/or is autistic is identified as 'at risk' of being admitted to a mental health inpatient setting. This person may already be on the Dynamic Support Register (DSR) or at this point may become eligible for a referral to the DSR. The LAEP facilitates a process of seeking alternatives to admission if possible. A Care, Education and Treatment Review (CETR) should be requested by the ward if an admission to an inpatient ward takes place. Care and Treatment Reviews (CTRs) are for adults and C(E)TRs are for children and young people.

The aim of the C(E)TR is to bring a person-centred and individualised approach to ensuring that the treatment and differing support needs of the person with learning disabilities and/or autism as well as their families are met and that barriers to progress and discharge are challenged and overcome.

Staff should refer to NHS England Care and Treatment Review: Policy and Guidance 2015 for further information relating to these reviews.

6.6 Deciding which inpatient service to admit to

The decision as to where the service user being assessed as requiring a period of inpatient care is to be admitted, will be made on the basis of their primary need, and on this basis the following applies:

Significant learning disability as the primary need

Individuals with significant (i.e., moderate, severe or profound & multiple) learning disability and mental health needs who cannot appropriately be admitted to general psychiatric wards, even with the provision of reasonable adjustments and additional support from the SCLDS should access an out of area specialist Learning Disability Assessment & Treatment Unit (ATU) for their mental health problems.

There may be occasions when people with a significant learning disability do not have a diagnosed mental illness but require hospital admission 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".

Mental health primary need

Service users without a formal diagnosis of learning disability who present a significant mental health problem of nature and degree to require admission will be admitted to the Adult Mental Health inpatient services for assessment. Any consideration relating to the existence of possible learning disability will only take place at such a time that their primary mental health needs have been met and their level 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 hospital and is considered settled in their community home.

Dual diagnoses

For service users with a dual diagnoses of mental health problems and learning disability or autism, the decision as to which service these service users are to be admitted to will be based on the outcome of the C(E)TR or LAEP and their primary presenting need.

For people with a mild learning disability experiencing significant mental health problems the typical 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 a specialist Learning Disability ATU may be appropriate.

Autistic people who do not have a learning disability will always access mainstream adult inpatient services offering support via reasonable adjustments.

In all scenarios, in order to support collaborative care and effective MDT working, the Named Keyworker should schedule person centred care reviews to support assessment, formulation and treatment. These reviews should include person centred goals based on the findings from Patient Reported Outcome Measures (PROMS).

6.7 Service users already subject to an episode of inpatient care

People with learning disabilities and/or autistic people are more vulnerable to mental illness and therefore at risk of being admitted to mental health wards. Typically these people can be assessed and treated within those wards with a positive outcome including a successful discharge plan.

If your ward has a dedicated Purposeful Inpatient Admission (PIPA) process for people with a learning disability and/or autism please refer to this to ensure relevant care tasks are completed.

If it is suspected that a service user on one of the Adult Mental Health wards has an undiagnosed learning disability the clinical team are to refer to the clinical psychologist working with that team to request an opinion regarding formal assessment and diagnosis is possible. If no clinical psychologist is available within the ward. However, it should be noted that formal intellectual assessment can only be completed when the individual's level of functioning and well-being is at stable point (i.e., baseline for the person). It is not advisable to undertaking formal cognitive assessments when the person is mentally unwell, anxious or distressed as this impacts on their cognitive functioning effecting the reliability of the test. In view of this such an assessment should be undertaken once the person's mental health has stabilised and they are settled back in the community.

If it is thought that a service user on one of the Adult Mental Health Wards has undiagnosed autism and not a learning disability, they can either be referred to the SAANS team for assessment or the SAANS team can support clinicians on the ward to carry out an autism assessment indirectly via consultation. If assessment is not appropriate currently due to the severity of their mental health SAANS can provide consultation and advice on autism friendly ways to support the person. Consultation in either case can be sought by emailing SAANSClinicalQueries@shsc.nhs.uk.

6.8 Section 136 assessments

The Trust has dedicated 136 assessment suite which can be accessed by people with or without a known learning disability or autism. Where the person accessing has a significant learning disability and/or autism joint working advice and support should be sought from the relevant SCLDS or SAANS experts.

6.9 Providing care to service users with a diagnosed learning disability or autism on one of the adult inpatient wards (mental health or locked rehabilitation)

If a service user with mild learning disability and/or autism has a mental health problem requiring inpatient care access to one of the adult inpatient wards (mental health or locked rehabilitation) should be supported via reasonable adjustments. If your ward has a dedicated **Purposeful Inpatient Admission (PIPA)** process for people with a learning disability and/or autism please refer to this to ensure relevant care tasks are completed.

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

The level of support required from the SCLDS or SAANS will be different for each service user and determined through their individual need. In order to ensure that all relevant information is available to support the individual's it is important that services request a copy of the following key information (if available) upon admission:

- Health Action Plan
- Health Passports
- Communication and sensory profile
- Positive Behaviour Support (PBS) plan
- Wellness Recovery Action Plans (WRAP)
- SPELL – which is an autism inclusive care plan

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

The frequency of contact from the SCLDS or Autism Services whilst the service user remains on the ward.

- Who will provide this contact?
- Who to contact in the event of staff having any queries in respect of the service user's learning disability needs.
- Who needs to be involved in discharge planning for the service user?
- When a person with learning disabilities is admitted to an Adult Mental Health Inpatient unit, the Responsible Clinician role will be fulfilled by the inpatient Consultant. In all cases

there will be liaison between the Responsible Clinician and other community Consultant colleagues involved in the care of the individual. Where an Adult Mental Health Consultant has taken the role of Responsible Clinician, medical responsibility will be passed back to a SCLDS Approved Clinician and Named Keyworker.

- In order to support collaborative care and effective MDT working, the Named Keyworker should schedule person centred care reviews to support assessment, formulation and treatment. These reviews should include person centred goals based on the findings from Patient Reported Outcome Measures (PROMS).

6.10 Who should be involved in agreeing the shared care pathway

The development of a shared care pathway for each individual service user is to be multi-disciplinary and involve senior clinical staff from both Adult Mental Health Inpatient Services and the SCLDS or SAANS. Where possible a meeting is to take place prior to the service user being admitted/transferred to one of the Adult Mental Health Inpatient wards. In the event that it is an emergency situation the meeting should take place at the earliest opportunity following transfer /admission. The inpatient ward is responsible for notifying the specialist team when this is required.

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 Ward Manager and Nurse Consultant (or their deputies) from Adult Mental Health and the Service Manager and a Clinical Lead from the Specialist Community Learning Disability Service.

- The Responsible Clinicians from both services to agree responsibility
- The service user's Care Co-ordinator or Named Keyworker
- The service user's advocate
- External professionals as appropriate (e.g., FOLS, Social Services)

In order to support collaborative care and effective MDT working, the Named Keyworker should schedule person centred care reviews to support assessment, formulation and treatment. These reviews should include person centred goals based on the findings from Patient Reported Outcome Measures (PROMS).

6.11 Risk assessment

Due to the nature of their presentation including potential risk to self and/ or others, all service users admitted to the Adult Acute Mental Health or out of area learning disability wards will have a full DRAM Risk Assessment completed. This outlines all biopsychosocial risks and related management plans. For people with neurodevelopmental differences particular attention should be given to associated risks such as:

- Epilepsy (bathing risk)
- Dysphagia (choking risk)
- Complications to physical health such as constipation, septicaemia and respiratory issues
- Over medication and side effects (STOMP).

When undertaking a clinical risk assessment for any service user with a learning disability and/or autism admitted to one of the Adult Mental Health Inpatient wards, staff must take account of the vulnerability of the service user in such a setting as they may be more at risk of abuse or

exploitation from other service users. If a service user is identified as being highly vulnerable on the Adult Mental Health ward steps must be taken to protect them (for example through the use of increased nursing observation or environmental measures).

As the risk assessment will inform care planning, decisions relating to leave and discharge it must be current, and reflective of the service user's presentation, taking into account both past and present risks.

For all service users the risk assessment must be reviewed and updated as minimum:

- At admission
- Weekly for all acute service users
- Prior to any periods of leave
- Following periods of leave
- Prior to discharge
- Following any significant change to the service user's mental state, or social circumstance
- In the event of any new and significant information becoming available

When completing the risk assessment, it is important to identify the sources of information recorded.

6.12 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 "Mental Health Nursing of Adults with Learning Disabilities" which recommends that although the assessment process for someone with a learning disability or autism will be similar it is important that:

- The assessing clinician works in partnership with the service user, their carers, support staff, advocate and other professionals involved in the service user's care.
- Someone is there to support the service user and their reaction to the assessment.
- The duration of the assessment is adjusted to meet the needs and concentration span of the service user. Some may need additional time whilst for others, the assessment may need to take place over a number of short meetings
- Consideration is given to the fact that someone with a learning disability and/or autism may become anxious during the assessment.
- Any communication difficulties the service user may experience are considered, and advice sought as to what assistance the service user may need. If the service user has been assessed by Speech and Language Therapy services a copy of their report should be sought. For some service users using pictures can help them identify their emotions.
- Medical jargon is avoided and words which are easy for the service user to understand are used.
- Any questions the service user is unable to understand are rephrased.
- The assessing clinician checks the service users understanding throughout the assessment by summarising and recapping what has been covered.
- Appropriate Mental Capacity Act 2005 (MCA) processes are followed to assess and record capacity, consent and best interest decisions where necessary.

6.13 Additional considerations when assessing the capacity of someone with a learning disability and/or autism

Staff should refer to the Trust Mental Capacity Act 2005 Policy for full details however must assess on the basis that the assessment of a person's capacity is time and decision specific and based on whether or not 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 and/or autism 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. The following website www.easyhealth.org.uk provides a library of easy read information which may be useful.

6.14 Enhancing staffing levels & capability

Service users with a more significant levels of learning disabilities and/or autism and mental health needs who are being nursed in adult mental health units may require additional dedicated support staff. If there is a need for extra staff this should be agreed at admission and reviewed under weekly MDT. Extra staff will be accessed through the flexi or agency staff pool if necessary. Care should be taken to try and access staff who have previous experience working with this client group.

Every effort should be made to support inpatient staff to receive extra training and/or skills development to enable them to provide safe and effective care to a service user with severe learning disabilities who has mental health needs. This includes supervision, training, consultancy from specialist learning disabilities or autism staff.

6.15 Person centred care planning

Effective care planning is dependent on good communication between the staff and service user and whilst service users with a learning disability and/or autism may sometimes have significant communication needs it is essential that clinicians adapt their approach to accommodate these. If a service user has communication difficulties staff should:

- Check if the person has had a speech and language therapy assessment, and if there are any recommendations that have arisen from it.
- Prepare appropriately for any one-on-one interactions.
- Use simple everyday language, and try to think of easier ways of saying a word, for example using 'sad' instead of 'depressed'
- When introducing fresh information to someone use no more than two new information-carrying words in a sentence and provide an explanation, perhaps using alternative methods, to support this.
- Avoid abstract words or concepts and use concrete terms wherever possible.

- Consider the use of photographs, pictures and symbols to support communication. This can be achieved by services having access to picture bank library's such as https://www.photosymbols.com/ to create documentation or by accessing pre-existing easy read available at https://www.easyhealth.org.uk/.

Where there are sensory processing differences, these need to be accommodated within the environment where possible. Where individuals struggle to communicate their sensory needs, information may be gathered from their family/carers. Access to person centred strategies, sensory soothing boxes and weighted blankets are recommended to help people regulate emotions when overwhelmed.

Suggestions of sensory adaptations are very individual but may include enough personal space, fluorescent lighting and noise are kept to a minimum. Referral to occupational therapy may be indicated to make recommendations around adaptations.

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. There are tools available which staff can access to support this, some examples are:

- Health Action Plan
- Health Passports
- Communication and sensory profile
- Positive Behaviour Support (PBS) plan
- Wellness Recovery Action Plans (WRAP)
- SPELL – which is an autism inclusive care plan

Please refer to the Green Light Resources page on the trust's intranet (JARVIS) to access these resources. NICE guidance and good practice guidelines can be found in the reference section of this policy.

In order to support collaborative care and effective MDT working, the Named Keyworker should schedule person centred care reviews to support assessment, formulation and treatment. These reviews should include person centred goals based on the findings from Patient Reported Outcome Measures (PROMS).

6.16 Special educational needs and disability (SEND)

A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they require support that is different to or more than that which is ordinarily available to them at school in order for them to reach the expected level of attainment, learning or other achievements. The SEND Code of Practice 2014 gives direction to providers of health, social care, education and local authorities to make sure that children and young people with SEND are properly supported. The Code of practice is directed by statutes held within the Children and Families Act 2014. Where children or young people 0-25 years have needs that are different to or more than that which is ordinarily available, they will usually have something called an Education, Health and Care plan. This is a document that describes their needs across four areas (Communication and interaction, Cognition and Learning, Social Emotional and mental health, and sensory and physical). and then defines the provisions (support) that is required to meet those needs. EHCP's have outcomes within them that health practitioners can use to inform of their own individualised patient planning.

NICE guidance (NG213) sets out the key principles that health practitioners should follow so that they can effectively support young people up to the age of 25 years old in meeting their duties. NHSE have delegated some of the overall responsibility to meet statutory duty to support and protect people with SEND to the ICB's and NHS providers and this includes ensuring that there are key leaders in place that have an oversight role and who are knowledgeable about SEND related issues so that the people services are being delivered to are sensitive to, responsive of and embed practices in line with SEND statutory duties. There has recently been a national review of SEND which has resulted in a SEND and Alternative provision Improvement plan. Within it are recommendations that encourage more emphasis upon NHS-E guidance (which guidance/) states that health providers working in partnership with local authorities and education providers to ensure a child or young person's needs are supported whether they are at home, school or college or a longer stay NHS facility.

What can you do to help, support and protect people with SEND?

All SHSC staff are required under statute to account for the needs of those people with SEND. This means that they must make reasonable adjustments that support, protect and safeguard their needs; consider the views and wishes of people with SEND; also take account of their plans already in place, or consider supporting the person to write one themselves. Where you consider that a person has unmet needs that could be classified as SEND, you must notify the local authority with consent of the person you are working with, that they may need an EHCP. The LA may ask you to provide evidence of that person's needs so that they can make an informed decision about whether an EHCP is necessary or not.

SEND means that any team working with a young person with disabilities up to the age of 25 years should ensure they are supported to manage their mental health or behavioural challenges so they can access education. Education for young people who are older than 16 does not purely mean access to education that you would ordinarily consider education. For post 16 year old people this may mean that there are outcomes that need to be reached that enables them access to education and skills because they have not yet been optimised to reach their outcomes and reasonable aspirations that will afford them access into employment or further/ higher education.

Health professionals have a key role when supporting young people with an SEN or SEND, they have a statutory responsibility to contribute to the assessment for an EHCP within 6 weeks of the formal request, and to provide annual updates on a young persons or adults progress against their plan or at a reasonable interval identified with the person in line with clinical outcomes and expectations. This is because we don't want people to receive reassessments where they don't need one. They must also ensure that they are working with the young person's best interests as central to any decisions and also work with the person to identify any barriers that would limit the necessary support from being accessed.

Supporting SEND:

There are a range of provision that aim to support people with special educational needs and disabilities (SEND) and mental health issues, including:

- **Education, Health and Care (EHC) plans**

Children and young people with SEND can apply for an EHC plan with their local council if they need extra health and education support.

You are required in law that where the LA request advice from you about a young person's needs that you provide information detailing the persons needs and detail the provisions required to meet those needs. You must only make recommendations that are within your professional limitation, based upon knowledge, training and experience. This must be defined where you are recommending provisions required to meet needs that would not ordinarily be able to provide from within your service offer.

- **Senior Navigators**

Senior navigators support young people with learning disabilities and/or autism who are inpatients in, or at risk of being admitted to, a mental health hospital. Senior navigators work with families and carers to ensure that plans are personalised and that families are actively supported to be involved and informed. They work as key professionals who draw information together that helps make sense of a person needs related to their potential or admission.

- **Care, Education and Treatment Reviews (C(E)TR)**

C(E)TRs are triggered when a person is identified as being at risk of admission to a specialist mental health or learning disability inpatient setting. C(E)TRs aim to ensure that the person's needs are identified using a multi=professional lens so that their very specific and general treatment and support needs are met. A C(E)TR can be useful in the development of protective mechanism that prevents an admission and identify gaps in support that is required to allow the person access to all of the support they may need. This includes the development of support within education, can include the defining of reasonable adjustments and can also trigger an MDT request to the LA for an EHCP needs assessment, especially where a person's mental health need is significant enough that it has rendered the person with additional needs associated to the learning potential.

- **Person-centred care and support plans**

The description above has provided some detail about the various plans a person may have or require to be in place to give information about how best to support them. You should be aware that you can review these plans especially when there is a development of a new need related to the health and wellbeing and/or mental health. Where a person already has an EHCP in place it is important for you to understand that you may call an urgent annual review of the EHCP so that any immediate support needs are captured in this document especially when there are cases that without such support the young person is unlikely to be able to attend education. Any type of plan should focus on what is important to the individual and should include behaviour support plans and crisis and contingency plans that are also available to the young person in variations that can be understood by them.

- **Young people with identified Mental health need**

Every person with an identified mental health need has the right to ask for a personal budget. Where a personal budget is secured AND they have an EHCP you must communicate this to the Local Authority using the details held at the back of the EHCP that there is now one in place and provide details of this. At this point the budget is likely to become an integrated budget where education, care and health may work together to define how the mental health need can be supported using a singular budget. This is so that the burden of managing a budget is reduced and so that the holistic needs of the person can be met effectively.

- **LD health checks**

LD Health checks a very important for young people 14 years or older where they have an identified LD. They are a key focus within any SEND Local area Ofsted / CQC inspection because they help formulate a view about the position of how well we know and understand our most vulnerable population. It is important that where you recognise that a person may have an LD, that they are supported in accessing an LD assessment as early as possible and that this is communicated to their educational provider and Local Authority leading on the EHCP known as an Inclusion officer. The person's name and contact can be found on the persons EHCP.

- **SEND ICON**

All children and young people where they are known to have an EHCP are starting to have a SEND icon added to the single patient record within SystmOne and EDMS records held by GP's. This will help you recognise if there is one in place and you can then request this from the record via system one yourself or directly from the LA. You must provide evidence of consent to do this. Unless you are already a system one user and you are covered by your organisations GDPR and data protections policies. Whilst we optimise the position where all people who have an EHCP in place, it is advised that you ask the person you are working with if there is an EHCP in place so that you can request it. This is because you can use its content to inform of the information you use to inform your practice. This is also known as the 'Tell It Once' approach. The icon is a blue square and if you hover over it, it will show SEND.

- **Designated Clinical Officer (SEND)**

The Designated Clinical Officer (SEND) has similar responsibilities to that of the Designated Safeguarding Leads, but their statutory responsibility derives from the Children and families Act amongst others that protects and supports CYP with SEN or SEND. They will not take on clinical responsibility for a person on your behalf, but they are your key person to contact where you are unsure of things related to SEND. They can also provide your services with SEND training and as part of that training offer 1:1 support that allows the embedding of knowledge into practice for a short time. You can also raise risks to them where young people could be at risk of not being treated fairly when ensuring the SEND law is applied to them. You can reach them on syicb-sheffield.dco@nhs.net where your contact will be triaged in order of priority.

- **SEND Training**

All employees within SHSC can access universal training. This has been defined and produced by the children's disability council and it is strongly advised that all colleagues consider and actively achieve the level of training required in order to satisfy the type and level of leadership you have.

- **Oliver McGowan Mandatory training**

There is now a requirement as a result of achievements secured via the Autism Act that all professionals across health, social care and education reach a level of learnt competency about the applications of reasonable adjustments. Contact your organisation for details about how to access this training.

6.17 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.

Positive greenlight case studies can be found in Appendix A. Information on reasonable adjustments and good practice guidelines can be found in Appendix B and C of this document.

Useful resources and links to national easy read information can be found in the 'references' section and 'other helpful things to read' sections of this policy.

6.18 Information/support for carers and relatives

On admission, it is important that clinical staff 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 whilst on the ward. If there is permission to share information, it is important that the ward details the reasonable adjustments they will be making to support the individual and ensure their care is safe and effective.

Regardless of the service user's wishes in respect of information sharing, all carers/relatives are to be given a copy of the ward carers' pack, and where appropriate should be consulted in regard to the planning of periods of leave and/or discharge from the ward.

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

Responsibility for leading the assessment and submission of any request to fund a specialist placement will rest with the inpatient service the service user is receiving care from. This will also include liaising with and keeping the service users identified relatives/ carers informed. However, in the event that the service user is on one of the Adult Acute Mental Health wards clinical staff from the SCLDS will provide:

- Support and advice as to the most suitable placement to meet the service users identified needs.
- Any required specialist assessments from their service.
- Advice around the safe transportation of the service user to the new placement.

6.20 Discharge arrangements for service users on a shared care pathway

All service users with a learning disability and/or autism should be supported via the resources outlined in NHS England » Brick by brick: Resources to support mental health hospital-to-home discharge planning for autistic people and people with a learning disability

These resources support partners to work together to help autistic people and people with a learning disability who are in mental health hospitals to be discharged into housing that meets their needs.

All discharges from hospital should align with Dynamic Support Register (DSR) processes, the Care (Education) and Treatment Review (C(E)TR) approach and legal responsibilities held by local agencies – for example, in relation to mental health legislation, the Care Act 2014 and the Mental Capacity Act 2005.

The local approach to hospital discharge should be implemented alongside the 12-point discharge plan (when planning the discharge of autistic people and people with a learning disability). A copy of the 12-point discharge plan can be found on the trust's intranet (JARVIS) in the Green Light Resources pages.

These quality assurance processes were introduced as part of the national DSR and C(E)TR guidance. This places an emphasis on ensuring the person has access to appropriate accommodation and support to facilitate a safe discharge. It is recommended that Named Keyworkers, discharge facilitators and Social Workers ensure that individuals' housing needs are discussed during C(E)TR and DSR meetings.

In order to ensure a safe and effective discharge home this policy stipulates that service users with a learning disability and or autism should only be discharged from inpatient care after a MDT Person Centred Care Review has taken place. If the person has a learning disability there must be attendance from the SCLDS as well as social services and formal advocacy. This formal discharge meeting is designed to ensure the person received a safe discharge with appropriate community follow-up. The meeting should outline person centred goals based on the findings from Patient Reported Outcome Measures (PROMS).

6.21 Process to be followed where a difference of opinion between professionals is apparent

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

With particularly problematic or contentious cases, it may be helpful to convene a joint planning meeting, with important decision makers from both services attending.

In the event that the difference of opinion cannot be resolve at local level the following escalation process should be followed (close and timely liaison between services is essential):

- Escalate to the relevant General Manager.
- Key worker and RC to seek consensus via a Complex Case Forum meeting. These can be accessed via the PA for the Director of Psychological Services.
- If the issue remains unresolved it must be swiftly escalated to the relevant Clinical Directors.
- The final point of escalation is to the Medical Director/Chief Operating Officer, who will resolve the difference of opinion.

6.22 Support for staff

It is recognised that service users who have a mental health problem, learning disability or autism 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 Trust policy.
- All staff access appropriate training.

Effective working practises 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 Workplace Well-being or the Occupational Health Department.

7. TRAINING IMPLICATIONS

Staff groups requiring training?	How often should this be Undertaken?	Length of training?	Delivery method?	Training delivered by whom?	Where are the records of attendance? held?
Autism and learning disability training	Once for all staff with updates as defined by mandatory training framework	Oliver McGowan Training (Mandatory Training)	E Learning In person	E learning (Tier 1) In Person (Tier 2)	Electronic Staff Record system (ESR)
Autism train the trainer programme	Once with updates as defined nationally	National Autism Train the Trainer Programme	MS Teams	Anna Freud & ATT in partnership with HEE	Staff CPD record
GreenLight Awareness Training - All staff working in Adult Mental Health Services	Once for all staff with updates as determined through any changes to the pathway	Training and awareness will be delivered by a combination of: Learning disability awareness session. Autism awareness session. Inclusion of specific sessions around caring for people with a learning disability and/or autism and mental health problems on the staff practice development days.	Local Induction for New Starters	The Trusts learning and development department in conjunction with internal facilitators (including service user experts) and senior learning disability or SAANS practitioners.	Electronic Staff Record system (ESR)
GreenLight Awareness Training - All staff working in the Specialist Community Learning Disability Service	Once for all staff with updates as determined through any changes to the pathway	Training and awareness will be delivered by a combination of: Inclusion of specific sessions around caring for people with a learning disability and/or autism and mental health problems on the staff practice development days.	Local Induction for New Starters	The Trusts learning and development department in conjunction with internal facilitators (including service user experts) and senior learning disability practitioners.	Electronic Staff Record system (ESR)
SEND Training	All clinical and operational staff within SHSC should access the universal training as is relevant to their role. This has been produced by the Children's Disability Council.	1 hour for basic awareness training Training catalogue | Council for Disabled Children The role of CAMHS and learning log (CAMHS Learning Log NEW DRAFT.docx (live.com)) SEND Training Assurance Framework.pdf (councilfordisabledchildren.org.uk)	Local Induction for New Starters	Online	Staff CPD record

8. MONITORING ARRANGEMENTS

Area for Monitoring	How	Who by	Reported to	Frequency
Implementation of the policy	Base line of current practice using GreenLight Toolkit Audit	Clinical Director - Learning Disabilities with Directorate Leads Clinical Audit	Green Light Steering Group Directorate governance meetings	Annual
Adherence to the service access and pathway arrangements	Clinical records audit Staff interview	Care Network Directors Clinical Audit	Green Light Steering Group Directorate governance meetings	Annual
Difference of opinion	Clinical opinion Staff	GM to GM review of operational process Escalation process to Directorate Leads Complex Case Forum review	Green Light Steering Group Directorate governance meetings	Annual
Compliance with training	Training records	Directorate Leads Head of Learning and Development	Directorate governance meetings	Annual

9. DELIVERING EQUALITY

People using the service will come from diverse backgrounds and there will be many differences in relation to:

- Age
- Class
- Disability
- Ethnicity
- Gender
- Religion and beliefs
- Sexual orientation

When staff are communicating with individuals from diverse communities the information provided should be in a form that is accessible to people with additional needs, for example, people with physical, cognitive or sensory impairment and people who do not speak or understand English.

Information should be provided in a way that is suited to the individual's requirements and enables them to access appropriate services and maintain communication with members of staff.

10. DISSEMINATION, STORAGE AND ARCHIVING

A copy of this policy will be placed on the SHSC Intranet/Internet within 7 days of ratification and the previous version will be removed by the Communications team. This will be publicised via an 'all staff' email sent to SHSC staff, and in 'Connect'.

11. TRAINING AND OTHER RESOURCE IMPLICATIONS

When considering training for a specific clinical area, a risk assessment should be carried out to ascertain the level of training suitable to that area, relevant to the prevalent risks and responsibilities of staff in the area in question. This should be done by the Service Managers and Ward or Team Manager.

12. AUDIT MONITORING AND REVIEW

Monitoring Compliance Template						
Minimum Requirement	**Process for monitoring**	**Responsible Individual/ group/ committee**	**Frequency of monitoring**	**Review of process (e.g. who does this?)**	**Responsible Individual/ group/ committee for action plan development**	**Responsible Individual/ group/ committee for action plan monitoring and implementation**
Monitoring to include clinical and operational leads from adult mental health, learning disabilities and autism services	Completion of the Green Light Survey Toolkit IPQR QAC reports	QAC	Annual	All Clinical Directors	Director of nursing and professions	Greenlight Steering group QAC

13. IMPLEMENTATION PLAN

Action / Task	Responsible Person	Deadline	Progress update
Upload the revised policy onto intranet and Trust Website and remove/ archive the old version.	Head of Communications	Within five working days of ratification	
Issue a communication to front line staff and managers.	Head of Communications	Within five working days of ratification	

14. LINKS TO OTHER POLICIES, STANDARDS AND LEGISLATION (ASSOCIATED DOCUMENTS)

- All community and inpatient clinical policies
- All safeguarding policies
- All medication management policies
- All Mental Health Act policies
- Capacity and consent to care, support and treatment
- Care Programme Approach
- Deprivation of Liberty Safeguards policy
- Development management of review of policies policy
- Difficult to engage service users
- Dual diagnosis policy (substance misuse and mental health)
- Implementing NICE guidance policy
- Inpatient discharge policy
- Learning from deaths policy
- Green Light For Mental Health Policy
- Management of dysphagia for adults with a learning disability
- Physical health policy
- Seclusion policy
- Transfer of clinical care duties policy
- Transition from CAMHS to Adult Mental Health service

15. REFERENCES

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16. NICE GUIDANCE

NG54: Mental health problems in people with learning disabilities: prevention, assessment and management.

This guideline covers preventing, assessing and managing mental health problems in people with learning disabilities in all settings (including health, social care, education, and forensic and criminal justice). It aims to improve assessment and support for mental health conditions and help people with learning disabilities and their families and carers to be involved in their care.

This guideline includes recommendations on:

- organising and delivering care
- involving people in their care
- prevention, including social, physical environment and occupational interventions
- annual GP health checks
- assessment
- psychological interventions, and how to adapt these for people with learning disabilities
- prescribing, monitoring and reviewing pharmacological interventions

QS142: Learning disabilities: identifying and managing mental health problems. Quality Standards

- Quality statements
- Quality statement 1: Annual health check

- Quality statement 2: Assessment by a professional with relevant expertise
- Quality statement 3: Key worker
- Quality statement 4: Tailoring psychological interventions
- Quality statement 5: Annually documenting the reasons for continuing antipsychotic drugs

This quality standard covers the prevention, assessment and management of mental health problems in people with learning disabilities in all settings (including health, social care, education, and forensic and criminal justice). It also covers family members, carers and care workers.

It describes high-quality care in priority areas for improvement. It does not cover problem behaviours (challenging behaviour, aggressive behaviour, destructive behaviour, or self-injurious behaviour). They are covered by the NICE quality standard on learning disabilities: challenging behaviour.

CG 142: Autism in adults: diagnosis and management.

This guideline covers diagnosing and managing suspected or confirmed autism spectrum disorder (autism, Asperger's syndrome and atypical autism) in people aged 18 and over. It aims to improve access and engagement with interventions and services, and the experience of care, for autistic people. This guideline includes recommendations on:

- identification and assessment
- interventions for autism
- interventions for behaviour that challenges
- interventions for coexisting mental disorders
- assessment and interventions for families, partners and carers
- organising and delivering care

17. OTHER HELPFUL RESOURCES

The Green Light Toolkit

The Green Light Toolkit is a free resource which includes an online audit framework and toolkit. It will allow you to effectively benchmark your service and make informed decisions about where you can make improvements.

https://www.ndti.org.uk/resources/green-light-toolkit

Sheffield Resources

Sheffield Adult Autism Neurodevelopmental Service (SAANS) videos - https://www.shsc.nhs.uk/services/sheffield-adult-autism-and-neurodevelopmental-service-saans

Sheffield Adult Autism Support Hub - https://www.mhm.org.uk/adult-autism-support-hub

Sheffield Autism Partnership Network - https://sapn.org.uk/

Sheffield Autism Society - https://sheffieldautisticsociety.org.uk/information/support-services/

SHSC learning disabilities videos - https://www.youtube.com/@shsclearningdisabilities155

Disability Sheffield: https://www.disabilitysheffield.org.uk/

Sheffield Voices: https://www.sheffieldvoices.org.uk/

National Autism Resources

Autism Friendly Guides - https://www.autism.org.uk/advice-and-guidance/topics/autism-friendly-guide

How to adapt talking therapies to autistic adults - https://www.autism.org.uk/what-we-do/news/adapt-mental-health-talking-therapies

It's not rocket science – meeting the sensory needs of young people in inpatient services https://www.ndti.org.uk/assets/files/Its-Not-Rocket-Science-v.2.pdf

National Autism Society (NAS) - https://www.autism.org.uk/advice-and-guidance/what-is-autism

National Autism Trainer Programme - https://www.annafreud.org/training/health-and-social-care/national-autism-trainer-programme/

NHS-E - https://www.england.nhs.uk/learning-disabilities/about/useful-autism-resources-and-training/

NHS-E - Sensory friendly resource pack https://www.england.nhs.uk/publication/sensory-friendly-resource-pack/

The SPELL Framework - https://www.autism.org.uk/what-we-do/autism-training-and-best-practice/training/the-spell-framework

National Learning Disability Resources

British Institute of Learning Disabilities (BILD) - https://www.bild.org.uk/resources/

BILD - Positive Behaviour Support animation:
https://www.youtube.com/watch?v=epjud2Of610

Books Beyond Words (Series of picture books that provide information and address the emotional aspects of different events such as bereavement, going into hospital, being a victim of crime and feeling depressed). Various authors. Royal College of Psychiatrists and Gaskell Publishing. https://booksbeyondwords.co.uk/

Challenging Behaviour Foundation provides guidance and information on supporting people with challenging behaviour, including fact sheets. www.thecbf.org.uk.

Foundation for people with learning disabilities:
https://www.learningdisabilities.org.uk/learning-disabilities

IAPT – Learning Disabilities Positive Practice Guide -
https://www.learningdisabilities.org.uk/learning-disabilities/publications/learning-disabilities-iapt-positive-practice-guide2

Inclusion North: Resources and Information https://inclusionnorth.org/

Intellectual Disability Health Information provides a wealth of information on the health needs of people with a learning disability, including mental health.
www.intellectualdisability.info.

Learning from lives and deaths (LeDeR) - https://www.england.nhs.uk/learning-disabilities/improving-health/learning-from-lives-and-deaths/

Mencap: provides lots of downloadable information on issues facing people with a learning disability and their carers, including mental health https://www.mencap.org.uk/

National Development Team For Inclusion (NDTi) - list of **easy read** information for people with learning disabilities, about all kinds of mental health matters www.ndti.org.uk

People First is a national self-advocacy organisation run by people with learning difficulties for people with learning difficulties. www.peoplefirstltd.com.

Restraint Reduction Network: https://www.bild.org.uk/restraint-reduction-network-rrn/

STOMP - https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/

Other National Resources

The Carers Trust: https://carers.org/

Defeat Depression provides a wealth of information on depression and associated issues. www.depression.org.uk.

The Mental Health Act: essential information for parents and carers NIMHE / Rethink 2008. Available from Rethink www.rethink.org

The Mental Health Act Code of Practice: Download from: www.gov.uk/government/publications/mental-capacity-act-code-of-practice

The Mental Capacity Act: Making decisions: A guide for family, friends and other unpaid carers www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/opg-6020409.pdf

National Attention Deficit Disorder Information and Support Service (ADDISS) provides information on Attention Deficit Disorder. www.addiss.co.uk.

The National Institute for Health and Clinical Excellence **(NICE) has guidance on treatments and care** for many different mental health conditions. Go to www.nice.org.uk

Royal College of Psychiatrists. An organisation for psychiatrists which also provides a number of leaflets on mental health issues for people with a learning disability. www.rcpsych.ac.uk.

Royal National Institute for the Blind: 105 Judd Street, London WC1H 9NE. Tel: 020 7388 1266. Email: helpline@rnib.org.uk. Web: www.rnib.org.uk.

Royal National Institute for the Deaf (RNID). 19–23 Featherstone Street, London EC1Y 8SL. Tel: 0808 808 0123. Email: information@rnid.org.uk. Web: www.rnid.org.uk

Scope - An organisation that promotes equal rights and improved quality of life for disabled people, especially those with cerebral palsy. www.scope.org.uk.

SEND Resources

Training Catalogue Council for Disabled Children: Training catalogue | Council for Disabled Children

The role of CAMHS and learning log: (CAMHS Learning Log NEW DRAFT.docx (live.com))

SEND training assurance framework: SEND Training Assurance Framework.pdf (councilfordisabledchildren.org.uk)

18. CONTACT DETAILS

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Appendix A: Case studies

The following case studies illustrate how care coordination and working across services and pathways can be achieved with the result of getting the best care for the person.

Jane's Case – Community Therapy

Jane is young woman with a significant (moderate) learning disability and Down's Syndrome.

In the past she had experienced sexual abuse. She presented to the SCLDS experiencing nightmares, a fear of men, a fear of leaving her home and poor sleep. Her quality of life was poor as she was often distressed and struggle to socialise with her peers or do the activities she once enjoyed.

The SCLDS supported Jane by offering her accessible trauma focussed CBT and mindfulness to help her understand and cope with her trauma reaction. They worked with social services to increase Jane's package so she had support from female staff to go out. Jane was supported by a graded exposure programme supporting so she could gradually build up her confidence in going out and doing fun and interesting activities and meet old friends.

As the work progressed it was clear that flashbacks and nightmares were still a problem. Jane's named professional contacts the specialist psychotherapy service to enquire about Eye Movement Desensitisation & Reprocessing Therapy (EMDR). The worker from SCLDS supported Jane to access appointments to be assessed for and receive EMDR. The therapist changed the pace of the sessions and worked to avoid jargon. With Jane's permission they allowed her worker to attend sessions as this made Jane feel more secure.

John's Case – Joint Working Inpatient

John is a young man with a mild learning disability and early onset psychosis. He is being cared for by the Early Intervention Service (EIS). Unbeknown to the service John had started to access high strength cannabis from a peer. John experienced an acute episode involving risky behaviour toward himself and members of the public. He was taken to the 136 suite before being assessed and admitted to an adult psychiatric ward on the Longley Centre.

Staff on the ward were concerned about how much understanding John had. Following a period of assessment and review of his medication he appeared more settled but struggled to understand his rights and engage in OT group work. The ward contacted the learning disability service. Accessible information supporting education about psychosis and substance misuse was shared from the learning disability team. A Speech and Language Therapist worked with the ward team to review John's communication needs and develop an accessible care plan. A learning disability The Development Worker was able to provide 2 hours support twice a week for a month. This helped John and the team ensure all reasonable adjustments were in place.

The ward, EIS and learning disability service liaised at John's pre-discharge person centred care meeting to ensure everything was in place to support his discharge.

Sam’s Case – Autism and mental health

Sam is a thirty-year-old man who lives in sheltered flats. Sam has Autism. He used to work in a supermarket (supported employment) but lost it after an argument where he shouted at his manager following a misunderstanding. In recent months Sam has become very isolated and depressed. He spends much of his day watching the news and getting stressed about Brexit. Sam can see the bins in his driveway. He has been angry that passing members of the public and other residents have put rubbish in his bin. In recent days he has posted a letter to everyone in his accommodation making threats to hurt them if they touch his bin. The police were informed, and a referral was made to the Community Mental Health Team.

Sam initially refused to see workers from the team. He stated there was nothing wrong with him. One worker built up a rapport with Sam by telephoning once a week. Together they put a plan in place whereby Sam had a padlock fitted on his black bin. Soon after Sam said he would like help with his anger and depression. Sam said he did not know how to speak to people when he was angry without making threats.

Sam agreed to try a course of anti-depressants. The worker had spoken to Sheffield Adult Autism & Neurodevelopmental Service (SAANS) who informed them that Sam could access a social skills group which would include skills on how to be appropriately assertive. Sam accessed the group and started new medication and over a course of months his level of depression decreased. Sam’s confidence in communicating issues and having difficult conversations increased. A person centred care review meeting was held and the team around Sam from CMHT and SAANS attended. His care-coordinator suggested restarting supported employment. A referral was made to “WorkingWin” who agreed with Sam to support one afternoon per week working in a sorting office.

Appendix B: Good Practice Guidelines

National good practice guidelines[2] for working with people with learning disabilities or autism focus on behaviours of staff designed to reduce vulnerabilities and increase well-being. The following represent a starting point for good practice.

- **Be proactive in your approach to mental health.** Develop care plans that promote positive mental health and reduce vulnerability factors for all people with a learning disability and /or autism, including those who have never previously experienced mental health problems.
- **Be aware that changes in behaviour and functioning can indicate the presence of a mental health problem.** You should not assume that changes in behaviour reflect their learning disability or autism (diagnostic over-shadowing). Instead, you should consider whether behaviour is a means for that person to communicate or indicate mental health distress that are struggling to communicate through direct verbal communication. You should identify, record and discuss these changes amongst the team.
- **Changes in routine and any transitions between services should be carefully planned** and managed with the full involvement of the individual and where appropriate their advocate, carers or family.
- **You should be consistent in implementing care plans and guidelines.** People with learning disabilities or autism can be much more sensitive to perceived inconsistencies in care and struggle with changes in plans. If you have any concerns these should be immediately reported to the Named Keyworker and their manager.
- **People with a learning disability or autism have the same rights as any other citizen.** This includes making decisions for themselves and being supported to do so. In some instances, people may lack the capacity to make decisions for themselves. In these instances, you should discuss the issue with their manager, with special consideration of the implications of the Mental Capacity Act.
- **Familiarise yourself with the Green Light Toolkit** (see references) which sets out good practice for services in supporting people with mental health problems.
- **It is important to also consider social and psychological interventions,** either on their own or in conjunction with medication, as they can control the symptoms of a mental health problem.
- You should contribute to the care review meetings process **by supporting the person with a learning disability and/or to express their point of view** and to attend meetings. Inform the Named Keyworker of any problems that arise and discuss any proposed changes to the care plan before implementing them.
- **Ensure the person has the support of family or carers as appropriate at meetings.** In some cases, advocacy support will be indicated, particularly if a life changing decision is being made a person’s accommodation or medical treatment and they are deemed to not have capacity to consent under MCA. Where necessary best interest decision making processes must be followed and recorded.
- It is important to be aware of other services and **ensure collaboration and a multi-agency approach** to supporting people with a learning disability or autism. This will help avoid duplication and miscommunication or confusion in care planning and support agreements.
- **You can contribute to the mental health assessment** by supporting the individual through the process and helping them communicate with clinicians. Provide clinicians

[2] https://www.slam.nhs.uk/media/199160/complexneeds.pdf

with historical information and current information such as charts, records and care plans.

- In cases where individuals are taking medication, you should be aware of the service's medication policy. **You should be aware of, monitor and report any side effects** of medication using behavioural observations of the person as well as direct self-report. The side effects scale/checklist for anti-psychotic medication - SESCAM (adapted from Bennett et al, 1994) can be used by both clinician and the person. SESCAM can be used alongside an easy read leaflet about medication such as the following examples from Southern Healthcare: 'Am I happy with my medicine?' booklet.
- **Individuals who are having psychological treatment should be supported by staff.** This includes respecting their privacy and supporting them to complete tasks set by the therapist.

Working with the person, their family and carers

The Royal College of Psychiatry provides the following guidelines[3]:
https://www.rcpsych.ac.uk/healthinformation/informationforcarers/learningdisa bilityleaflet.aspx

Successful working with people with learning disabilities or autism often relies on a positive working relationship with the person and their family or carers. Intellectual ability, social interaction or communication difficulties can cause a barrier to working directly with the person at all times. Therefore, an agreement may be sought with the person to work in partnership with their family or carers to ensure they receive the best possible care. If a person does not have capacity to consent to this then assessment and best interests' decision can be undertaken following MCA guidelines.

When a person with learning disability has mental health problems, carers may notice changes in their general health and well-being, and in their behaviour, such as:

- changes in appetite or sleep
- loss of skills
- changes in behaviour or mood
- loss of interest in daily activities.

Sometimes, it is difficult to know if the symptoms are due to a physical or mental health problem. The health professional will try to understand the person's recent history, and any changes in their circumstances. They will consider all possible causes of their

symptoms. In England, everyone with a learning disability is encouraged to have a Health Action Plan. A Health Action Plan may be about the support a particular person needs to keep healthy, or a Hospital Passport may be drawn up to support a planned hospital admission.

Clinical work should always be as collaborative and person centred as possible. It is useful to ask the person or their carers to track changes in the person's behaviour and medication in a notebook, along with any concerns or questions that have. Writing down this information means they do not have to worry about remembering it, and you can be sure to talk about the things that matter most during clinical appointments. For example, this may include questions about:

- changes in symptoms

[3] https://www.rcpsych.ac.uk/healthinformation/informationforcarers/learningdisabilityleaflet.aspx

- side-effects of medicines
- general health
- mental and emotional health
- carer's health
- help needed.

It is good practice to check out with the person and their carers that they understand what you have been communicating. If they do not understand something explain things in a language the person can understand using diagrams or pictures to support what you are saying.

Useful Information for Clinicians

- By the very nature of the job, family carers may be extremely tired. If they have been waiting for an appointment while they care for a person, they may be emotionally exhausted as well.
- Remember that the family carer will know more about the patient when well than anyone else.
- The patient will have more difficulty in explaining how they feel, not just because they lack the speech, language or understanding in which to do it, but because they have always had a disability. They do not know what it feels like not to have it!
- It may be difficult for you to understand or remember what is usual for them, and how their current illness is making them feel or behave differently.
- Remember it is too easy to put everything down to their learning disability

Getting it Right for Everyone

In 2012 the National Development Team for Inclusion wrote 'Reasonably Adjusted? Mental Health Services for People with Autism and People with Learning Disabilities.' This makes the important points:

Adjusting the mental health service to accommodate people who have autism or learning disabilities will not only meet legal obligations but is likely to improve service quality for everyone. The actions that have been taken by individual services across England might be summarised as the **five Fs**:

- Specialist learning disability or autism services **facilitating** access to mainstream mental health services rather than doing it themselves and setting up more specialist services.
- Meeting with mental health professionals **face to face** rather than over the phone or via written assessments (unless otherwise requested as a personalised reasonable adjustment).
- In **familiar** surroundings and with **friendly** support. This gives the person the opportunity to choose where to meet the mental health professional and who they would like to be there to support them.
- Be **flexible**. This applies both to organisational procedures and the practice of professionals. It can be liberating for all concerned as well as being a legal requirement!

Appendix C – Reasonable Adjustments

Under the Equality Act 2010, 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:

Environment:

- Buildings, including toilets, are accessible to people with physical disabilities
- Signposting is clear and easy to follow
- Enquire whether the person prefers a quieter time to visit the clinical setting
- Alternatives to hospital or clinic attendance are considered for those who have problems in getting to appointments or tolerating clinical settings

Person centred reasonable adjustments:

- Enquire whether the person has a health passport or a communication passport, these alert professionals to the person's key needs
- Enquire what days, times are best for the person and/or their supporters
- Enquire whether the person prefers a quieter time to visit the clinical setting
- Agree how the person can communicate that they are feeling overwhelmed and need a break (e.g., a top sign or pointing to a picture of a clock)

Structure and predictability:

- An appointment letter with accessible information including:
    - a map of how to find the location
    - a photograph of the building/reception
    - a photograph of the staff member
- Meeting the person with the same staff member, in the same room, on the same day and time of the week
- Provide a simple session plan for the person with visual information

Simplification & communication:

- Information and advice is offered in formats and languages that the person can understand
- Focussing on one therapeutic goal at a time
- Use shorter sentences and avoid jargon
- Break complex information into shorter 'chunks' of information
- Use visuals and pictures to illustrate information
- Creating opportunities to check the person's understanding
- Recap information at the start and end of sessions

Motivation and engagement:

- Collaborative person-centred working
- Set shared goals and negotiate expectations
- Use visual images to sort and agree on priorities
- Watching videos where other people demonstrate a task or skill
- Focus on the person's strengths and celebrate progress

Flexibility:

- Offering longer but slower paced sessions, or
- Offering a greater number of shorter sessions
- Offering the person to take a 10-minute break in the middle of sessions

Triangle of care / partnership working:

- Involvement of carers or family to support the person to attend sessions
- Where consent is given, family or carers can help the person communicate with clinicians

Reasonable adjustments are about the values all staff bring to work. It is about being caring and sensitive to people's needs, recognising if a person has a communication problem (such as deafness) that requires a tailored approach, or a physical problem that makes accessing and negotiating the building difficult, or is particularity anxious about engaging with health professionals and needs a bit more time and reassurance. This applies not only to the people in our care, but also perhaps to some of the people we work with.

In short, adopting a person-centred approach to all the people we care for and work with, and being prepared to be flexible in our responses to meet their needs, is probably the best guarantee of ensuring reasonable adjustments are made to improve people's experiences of services.

A database of examples of reasonable adjustment NHS services in England have made to support people with learning disabilities and others can be found on the Public Health England website.

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/assets/files/Reasonably-adjusted.pdf

Appendix D – Stage One Equality Impact Assessment Form Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES –** proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

Stage 3 – **Policy Screening** - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://nww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	**Can equality of opportunity for this group be improved through this policy or changes to this policy?**	**Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?**
AGE	No		
DISABILITY	No		
GENDER REASSIGNMENT	No		
PREGNANCY AND MATERNITY	No		
RACE	No		
RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	No		

Stage 4 – **Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Impact Assessment Completed by (insert name and date) | Dr David Newman – 14 October 2024

Please delete as appropriate: Policy Amended / ~~Action Identified / no changes made.~~

Appendix E - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

☑ **Yes. No further action needed.**

☐ **No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. On completion of flow diagram – is further action needed?

☑ **No, no further action needed.**

☐ **Yes, go to question 3**

3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Appendix F – Development, Consultation and Verification

This policy has been developed in line with The Green Light Toolkit which is a guide to auditing and improving mental health services so that it is effective in supporting autistic people and people with learning disabilities.

The Green Light Toolkit is a set of free to access resources including:

- A recently updated audit framework and toolkit, and easy read version
- A database of examples of reasonable adjustments made by services, as a resource for people seeking to innovate and share learning.
- Examples of these can be found in the Reasonably Adjusted report.

The Green Light Toolkit is referenced in the new service model and guidance 'Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition', and has been updated to reflect this. The guidance says that ***"Everyone should expect mainstream mental health services to regularly audit how effective they are at meeting the needs of people with a learning disability and/or autism. The Green Light Toolkit should be used to both evaluate services and agree local actions…"***

This policy was written and reviewed in Green Light Steering Group meetings attended by people with lived experience and clinical leads. The policy has received scrutiny from clinical leads and has been reviewed in operational governance meetings. The Director of Operations has given approval of the policy on 17.06.2019. The final consultation took place on 17th to 21st June 2019 in which the policy was shared with all SOMS and operational and clinical directors for final comment.

The updated 2024 policy has been developed in consultation with people with lived experience, SAANS, CLDT, Directorate Leadership Teams, Junior Doctors, Liaison Psychology, Inpatient Managers Meeting, Medical Staff Committee, Executive Management Team, Senior Operational and Clinical Staff and Disability Staff Network Group

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	✓
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	✓
5.	Has the policy been discussed and agreed by the local governance groups?	✓
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	✓
	Template Compliance	
7.	Has the version control/storage section been updated?	✓
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	✓
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
	Policy Content	
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	✓
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	✓
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓
17.	Has the EIA Form been completed (Appendix 1)?	✓
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	✓
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓
21.	Is the review date identified, and is it appropriate and justifiable?	✓