

## CP12

# Care Children, Young People and Adults with Learning Disabilities

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## 1.0 Policy Statement (Purpose / Objectives of the policy)

The purpose of the policy is to ensure that The Royal Wolverhampton's NHS Trust, (RWT) reduce health inequalities faced by people with Learning Disabilities (LD). People with LD die on average 20 years younger compared to the general population.

People with LD are,

- Four times more likely to die from a treatable cause
- Twice as likely to die from a preventable cause such as respiratory and cancer care
- And only 4 in 10 will see their 65<sup>th</sup> Birthday

(Darzi 2024)

People with LD have far greater healthcare needs compared to the general population, and sometimes those needs are not being met (Heslop et al 2013). People with LD face barriers to the health care that they need (Darzi 2024).

The policy sets out the principles and framework for the care of patients with LD and their careers in line with the Mental Capacity Act 2005, the Equality Act 2010 and the Children's Act 2004.

## 2.0 Definitions

<b>Advocacy Independent Mental Capacity Advocate (IMCA)</b>	Advocacy means getting support from another person to help people express their views and wishes, and to help them to stand up for their rights. Someone who helps in this way is called an advocate. An Independent Mental Capacity Advocate (IMCA) must be instructed if a person lacks capacity for a specific decision and they do not have any friends or family to support them.
<b>Children's and Families Act 2014</b>	The Children and Families Act 2014 reformed the systems for adoption, looked-after children, family justice and special educational needs.
<b>Children and Young People</b>	A young person is aged 16 or 17 years, and a child is younger than 16.
<b>Deprivation of Liberty Safeguards</b>	<p>The Deprivation of Liberty Safeguards (DoLS) (2009) is an addendum of the Mental Capacity Act (2005) and applies to people aged 18 or over who have been assessed as not having the mental capacity to make decisions for themselves with regards to their care and/or treatment. When concerned that a Deprivation of Liberty may be occurring the "acid test" should be considered:</p> <ul style="list-style-type: none"> <li>• Does the patient lack mental capacity for care and, or treatment?</li> <li>• Is the patient suffering from a mental disorder?</li> </ul>

	<ul style="list-style-type: none"> <li>• Is the patient subject to continuous supervision and control?</li> <li>• Would the patient be free to leave (whether they are objecting or not)?</li> <li>• This is detailed in the Trust <a href="#">CP02 Deprivation of Liberty Safeguards (DoLS) Policy</a>.</li> </ul>
<b>Education, Health and Care Plans. (EHCP)</b>	<p>An Education, Health and Care (EHC) plan is for children and young people aged up to 25 who need more support than is available through Special Educational Needs (SEN) support.</p> <p>EHC plans identify educational, health and social needs and set out the additional support required to meet those needs.</p>
<b>Learning Difficulties</b>	<p>The term which is often used in educational services to describe people with specific learning problems does not indicate that a person has a learning disability as defined below.</p>
<b>Learning Disability</b>	<p>The term Learning Disability (LD) is used to describe a person who has developmental delay or intellectual disabilities which are usually evident from birth or early childhood. There are three core criteria, which must be used for the term learning disability to apply.</p> <ul style="list-style-type: none"> <li>• Significant impairment of intellectual function.</li> <li>• Significant impairment of adaptive and, or social function (ability to cope on a day-to-day basis with the demands of their environment and the expectations of age and culture).</li> <li>• Present before the person has reached their 18<sup>th</sup> birthday</li> </ul>
<b>Mental Capacity</b>  <b>Mental Capacity Act (2005)</b>	<p>The Mental Capacity Act (2005) is designed to protect and empower people aged 16 years and over who lack the mental capacity to make decisions about their own care, treatment and, or discharge plans. It details the circumstances where it is possible for a third party to make decisions in the best interests of someone who lacks mental capacity, and how best interests' decisions must be made. See <a href="#">CP06 Consent to Treatment and Investigation Policy</a> for further guidance.</p>
<b>Mental Health Act (1983)</b>	<p>The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment, and rights of people with a mental health disorder.</p> <ul style="list-style-type: none"> <li>• People detained under the Mental Health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.</li> </ul>
<b>Special Educational</b>	<p>The Special Educational Needs and Disability (SEND) Code</p>

<b>Needs and Disability (SEND)</b>	of Practice 2014 and the Children and Families Act 2014 give guidance to health and social care, education, and local authorities to make sure that children and young people with SEND are properly supported.
<b>Transition</b>	Transition is the purposeful, planned process for adolescents with chronic physical and medical conditions as they move from child-centred care to adult-oriented health care; a process that addresses their medical, psychosocial, and educational/ vocational needs.

### 3.0 Accountabilities

All staff working in the Trust must always act in the 'best interests' of patients and ensure that services provided are delivered in a way that meets the individual's needs.

#### Chief Nursing Officer:

- Is the Trust's SEND Lead.
- Has the overall responsibility to ensure that the Trust is compliant with legislation and that staff have appropriate training and support to carry out their duties.

#### Deputy Head of Safeguarding:

- Has overall responsibility to ensure that the Trust has robust systems and processes in place to ensure that the additional support needs a person may have because of a Learning Disability are met.
- Manages the Lead Learning Disability and Autism Nurse.
- Ensures Trust policies are up to date and are aligned with national, regional and local policies and procedures.

#### Lead Learning Disability and Autism Nurse:

- Provides Trust representation on the Learning Disability Mortality Review (LeDeR) panel.
- Coordinates LeDeR reviews within the Trust.
- Provides Board level assurance in line with national recommendations.
- Represents the Trust within NICE guidance recommendations appropriate to Learning Disabilities.
- Ensures that relevant policies are maintained.
- Provides leadership and clinical support to the Learning Disability Specialist Nurses.
- Has operational responsibility for of the LD Specialist Nurse.
- Provides leadership on Safeguarding Adult Reviews (SARS) for people with Learning Disabilities.

#### Learning Disability Specialist Nurses:

- Have a visible presence within all clinical areas and provide expert Learning Disability advice and support.

- Ensure that all patients identified as having a LD will have been assessed within 24 hours of admission during the working week.
- Ensure core care plans and hospital passports are in place for people with LD.
- Work with departments across the Trust to ensure that specialist care pathways are developed to support patients with LD.
- Act as a resource providing accessible, accurate and relevant information to all RWT staff.
- Liaise with community LD staff where a patient is known to services, to provide continuity in care.
- Deliver training for learning Disability awareness as required.
- Ensure monthly reports are submitted on Learning Disability Activity as required.
- Support the LeDeR process.
- Support the SAR process for people with LD.

#### **Learning Disability Support Worker:**

- Has a visible presence within all clinical areas and provide support.
- Provides source of information and support within the clinical areas.
- Supports with training.
- Acts as an advocate for vulnerable patients and their families.

#### **Learning Disability Champions:**

**Are staff of all grades who have attended the LD champion training and have the agreement of their line manager.**

- Support the work of the LD Specialist Nurses.
- Are a source of information and support in their clinical area.
- Ensure reasonable adjustments are made when required.
- Acts as an advocate for vulnerable patients and their families.

#### **Trust Employees:**

- Must have received the required level of training for their role.
- Know how to contact the LD team for support.

## **4.0 Policy Detail**

The policy covers the care and support of children, young people and adults with LD whilst accessing all RWT services. Whilst the person with LD is accessing our services it is The Royal Wolverhampton NHS Trusts responsibility to ensure that all reasonable adjustments are made that a person may require because of their LD (Equality Act 2010).

It is the responsibility of clinicians and nursing staff to adapt the service they provide to meet the individual's needs.

### **4.1 Identifying a person with a LD.**

You can identify if the person has a Learning Disability by:

- Identifying an LD flag on the Clinical Wed Portal (CWP), Patient administration

system (PAS) or Care Flow Connect (MSS) in the Emergency Department (ED). Primary Care Network practices have a register of people with LD on the EMIS system.

- The person with a LD may tell you.
- A parent or carer may tell you.
- You feel the person may have an LD (see [Appendix 1](#) for indications that a person may have an LD).

#### 4.2 **Referral process** ([Appendix 2](#))

- Contact details for the team,
  - **07881 334063**
  - [rwh-tr.LearningDisabilities@nhs.net](mailto:rwh-tr.LearningDisabilities@nhs.net)
- The LD team offer an open referral system allowing them to be contacted directly by staff, relatives, carers and patients themselves via switchboard, email or telephone.
- Referrals can be made via phone, email, or electronic referral on clinical web portal (CWP) during office hours 08.30 and 16.30 Monday to Friday (excluding bank holidays).
- If a member of staff feels that the patient has a LD and is not flagged on their electronic patient records a referral must be made to the LD team and a member of the team will then visit and assess the patient. Flags will then be added by an LD nurse, if appropriate.

#### **The LD team can support with:**

- Physical assessments.
- Communication and behaviours that may challenge, and the use of the Restraint policy CP59.
- Consent and capacity concerns in line with the Mental Capacity Act 2005.
- Advice on Deprivation of Liberty Safeguards (DoLS).
- Identify where reasonable adjustments are required.
- Advise on easy read information.
- Liaison with Community LD specialist services.
- Admission and discharge planning.
- LD Core care plans (To be ordered form Medical Illustration MI1233414).
- Hospital Passport
- Training and education.

## **Hospital and Health Passports**

Contain information to support the patient in their hospital or health passport.

### **The adult's health passport**

<http://trustnet.xrwh.nhs.uk/departments-services/l/learning-disabilities-service/hospital-passport/>

### **The Children's Hospital Passport**

Children's health passports are available from,

- the Paediatric team based at the Gem Centre.
- Children's outpatient departments.
- SEN schools

Within the Royal Wolverhampton NHS Trust (RWT) the passports are offered to patients who access their services.

The documents are designed to be completed by people who know the individual well, this can be friends, carers, family members, the Community Team for People with Learning Disabilities (CTPLD) or the LD Nurses. The information on the hospital passport will support staff to deliver care that is appropriate for the patient.

### **Emergency Admission** ([Appendix 3](#))

Urgent admissions are usually via the Emergency Department (ED) or maternity. People with LD can be identified by the flag on their electronic patient records. The admitting Midwife or Nurse must contact the LD Nurse to inform of their attendance (out of office hours, please leave an answerphone message).

The team can be contacted on **07881 334063**

Out of hours attendances will be reviewed by the team the next working day to identify if actions are required to support the patient.

It is Care staff's responsibility to hand their patient over safely and effectively to our care if they are admitted to the hospital. Whilst the patient remains in ED they are not admitted to the hospital and are in a public place, so care staff are expected to remain with the patient until they are either admitted or discharged home.

Reasonable adjustments must be considered, and the environment made as accommodating as possible. This may include the presence of a family member or carer outside of the usual visiting hours to accompany the patient for clinical procedures etc.

### **Reasonable adjustments**

Patients with LD may require reasonable adjustments to be able to access the services they require. The Trust has a legal duty to provide the adjustments required (Equality Act 2010).

These may include,

- Easy read information.

- Double appointment slots.
- Pre-admission visits.
- A trusted individual to accompany them.
- Restriction on the number of people attending to them.

Further information can be found on the NHS England website.

[NHS England » Reasonable adjustments](#)

### **Mental Capacity Act 2005 and Advocacy**

People with a learning disability may require support to make decisions about their own health care or may need decisions to be made in their best interests. If there are any concerns that a patient does not understand the care that is needed or being proposed there is a legal duty to undertake a mental capacity assessment.

If the person is assessed to lack capacity to make the decision that is being proposed a best interest's decision must be made. This decision is made with the person proposing the care or treatment and someone who knows the person well and is not a paid carer. If the patient has no one appropriate to be involved in the process, the trust has a legal duty to instruct an Independent Mental Capacity Advocate (IMCA). IMCA services are provided by Voiceability in Wolverhampton. Referral forms can be obtained from the safeguarding adult intranet page.

[VoiceAbility | Wolverhampton](#)

For further information please refer to the Trusts Mental Capacity Act and Consent Policies.

[CP19 Mental Capacity Act Policy](#)

[CP06 Consent to Treatment and Investigation Policy](#)

**It is important to note that care and treatment must not be delayed whilst waiting for an IMCA or for immediate life or limb cases.**

### **Routine Planned Admissions and Appointments**

Non-emergency appointments need to be planned and take into consideration any reasonable adjustments that the patient may require because of their LD. Planning for the appointment will lead to better health outcomes for the patient. The planned admissions support tool must be used (See [appendix 4](#)).

Telephone contact must be made with the patient, a carer, or a family member prior to the appointment. Any identified reasonable adjustments must be documented in the patient records and actioned.

### **Mental Health aged of 18 to 65**

If a child, young person, or adult with LD attends RWT, presenting with mental health concerns or is detained under the Mental Health Act, you must refer to the **'Signposting Guidance for the Management of Patients with Mental Health**



**Conditions'** on the Trust Intranet page.

[OP11, Administration of the Mental Health Act 1983, in an acute Hospital Setting policy](#)

<http://trustnet.xrwh.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=4819>

<http://trustnet.xrwh.nhs.uk/departments-services/m/mental-health/>

Black Country Healthcare NHS Foundation Trust (BCHFT) provide Mental Health Liaison services (MHLS) within RWT. The service is provided for adults from the age of 18 -65 years old experiencing emotional distress that is impacting upon their mental health and may not be able to keep themselves safe. The team will undertake initial assessments for patients with an LD, who are presenting with acute mental health needs and risks. BCHFT are commissioned to provide the CORE 24 model of care within the Trust.

Please refer to the Black Country Healthcare NHS Foundation Trust's Mental Health Liaison Services Operational Policy.

<http://trustnet.xrwh.nhs.uk/resources/assets/attachment/full/0/11020.docx>

### **Mental Health Patients under the age of 18**

Individuals under 18 years of age must be referred to Child and Adolescent Mental Health Service (CAMHS): Patients aged 17 years and below who attend ED or are admitted to the acute hospital, with self-harm or any mental health concern must be referred to CAMHS for advice/assessment of their needs and risks. CAMHS are available 08:00-20:00, seven days per week and have an on-call Consultant available for advice out of hours.

### **Palliative and End of Life Care**

People with LD sometimes experience poor quality care at the end of their lives (NHS 2008). It has been identified that people with LD did not have their care effectively coordinated and were less likely to access palliative care in comparison to the general population.

If a child, young person, or an adult with a learning disability requires the support for this service at RWT, they will be provided with the same high quality of care as all other patients.

**Adults**- Advance Care Plan

<http://trustnet.xrwh.nhs.uk/resources/assets/attachment/full/0/22744.pdf>

**Children**-Advance Care Planning.

[Microsoft Word - APPROVED FINAL CYPACP Guidance Nov 2023](#)

### **Transition**

To support young people through transition from paediatric to adult health care services, the Trust have implemented the *Ready Steady Go* transition programme

originally developed by University Hospital Southampton. This programme (and its follow on 'Hello to adult services' programme) has been designed to involve young people in their transition through effective planning. The transition plans provide a structure and support clinically for the young person from that age of 14 to track their journey in a gradual way. It encourages children's and adults' services to work together at earlier stages.

These documents can be found at:

<https://www.readysteadygo.net/ready-steady-go.html>

Please refer to the [CP09 Transition from Children's to Adult Healthcare Services policy](#)

### **Maternity Services**

Parents with LD often have poor experiences and find that reasonable adjustments are not made when accessing maternity services, but people with LD have the same right to receive a high standard person-centred maternity service as every other member of the population (Cox et al 2021).

If parents with LD access maternity services, it is the maternity staff's responsibility to identify the individualised support that they require. The Learning Disability team can be accessed for support if required.

### **Care staff, ongoing support**

Each person will be assessed for their individual care requirements, and this may require the support from their own care team, which should be negotiated on an individual basis. Not all carers are paid and can often be family members. In this case the expectation would be that they would be given the appropriate information to allow the Trusts staff to support and treat the person in a way that is appropriate to them. It is also worth noting that not all people with LD require additional support.

The Hospital Passport for adults and the Health Passport for children should be completed by carers, for people who want to use them, not all people with an LD will need them. They will provide staff with the information they will require to support the patient appropriately. When the patient is discharged, a copy of the passport should be scanned in with the patient notes and the original returned home with the patient.

### **Discharge planning**

Planning discharge from hospital for people with LD is required to ensure safe and effective discharge. Consideration must be given to any change in medication and recommencing care packages where appropriate.

Any factors which may prevent discharge back to the person's home must be flagged to a member of the patient flow team as soon as possible. Prior to discharge, a multidisciplinary meeting of all key parties (including family member's or carers as appropriate) involved in the care of the person must be convened, especially where there has been a significant change in the patient's health needs. This change in need may require a review of the package of care and/or review the need for temporary

respite care or a permanent alternative placement.

- All patients who are fully Continuing Care Health (CHC) funded will have a Complex Case Manager within the integrated Care Board (ICB) they must be informed of the patients discharge.
- A discharge meeting should be considered and may be requested by the care provider prior to discharge home. The LD Nurse must be informed so they can support planning.
- The care home staff/ support workers involved may have to co-ordinate training for carers to manage the changing health need so this may need to be arranged.

Please refer to the Trusts [CP04 Discharge Policy](#)

### **Virtual Wards Learning Disability Pathway**

All patients who have a with an LD and are registered with a Wolverhampton or South Staffs GP who are being discharged from hospital must be referred to the virtual wards.

This team will provide a safety net for signs of deterioration during the first week of discharge.



### **Independent Mental Capacity Advocate (IMCA)**

#### **Understanding the role of the IMCA service**

- The aim of the IMCA service is to provide independent safeguards for people who lack capacity to make certain important decisions and, at the time such decisions need to be made, have no-one else (other than paid staff) to support or represent them or be consulted.
- IMCAs must be independent.

#### **Instructing and consulting an IMCA**

- An IMCA must be instructed and then consulted, for people lacking capacity who have no-one else to support them (other than paid staff), whenever:
  - an NHS body is proposing to provide serious medical treatment, or
  - an NHS body or Local Authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home, and the person will stay in hospital longer than 28 days, or they will stay in the care home for more than eight weeks.
- An IMCA may be instructed to support someone who lacks capacity to make decisions concerning adult protection cases, this may be inclusive of family, friends or others who are involved.

An IMCA can be contacted using,

<http://trustnet.xrwh.nhs.uk/departments-services/s/safeguarding-service/safeguarding-adults/making-a-referral/imca-services/>

### **Primary Care Learning Disability Annual Health Checks.**

Learning Disability Directed Enhanced Service (DES) was established to support the reduction of health inequalities for people with LD by offering them an annual health check.

In line with all GP Practices Primary Care GP's will undertake annual health checks on all people aged 14 and over who have a Learning Disability, to meet the requirements for the Learning Disability (DES).

Where a patient has been deemed to lack capacity for the decision to receive an immunisation, the Primary Care GPs are responsible to ensure decisions are made in people's best interests in line with the Mental Capacity Act 2005.

## **5.0 Financial Risk Assessment**

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resource	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	No

## **6.0 Equality Impact Assessment**

Completed.

## **7.0 Maintenance**

The Lead Learning Disability and Autism Nurse and the Deputy Head of Safeguarding will be responsible for reviewing this policy to ensure it complies with legislation, best practice professional guidance.

## **8.0 Communication and Training**

Learning Disability training is mandatory for all staff who have contact with patients.

The employee role will determine at what level this is required to ensure that they have the appropriate skills required to support the additional support needs of a person may have due to their learning disability.

The Trust promotes the Oliver McGowan Learning Disability and Autism national mandatory training for all health and social care staff.

## 9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Compliance with Mandatory Training	IMTG	IMTG	Monthly	Trust Safeguarding Group
Monitoring via contact with people with LD	Learning Disability Team	Database of contacts	Monthly	Trust Safeguarding Group

**10.0 References - Legal, professional, or national guidelines** must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

Cox, A., Parsons, T., Watkin, S. and Gallagher (2021). Supporting the delivery of good maternity care for parents with learning disabilities, available at:- <https://www.sciencedirect.com/science/article/pii/S0266613821001534> Accessed September 2024.

Darzi, L. (2024) Independent Investigation of the National Health Service in England available at:- [Welcome to GOV.UK \(www.gov.uk\)](https://www.gov.uk) Accessed September 24.

National Institute for Health and Care Excellence (2016) Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance. Available at:- <https://www.england.nhs.uk/wp-content/uploads/2016/11/lmhs-guidance.pdf> Accessed September 2024.

The Mental Capacity Act 2005 available at: - [www.legislation.gov.uk/ukpga/2005/9/contents](https://www.legislation.gov.uk/ukpga/2005/9/contents)

The Mental Health Act 1983 available at:- [Mental Health Act 1983 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1983/1/contents)

The Care Act 2014 available at: - [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/18/contents)

The Children Act (1989) Available at [www.legislation.gov.uk](http://www.legislation.gov.uk)

The Equality Act 2010 available at: - [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) policy (2021) Available at:- [www.england.nhs.uk/publication/learning-from-lives-and-deaths-people-with-a-learning-disability-and-autistic-people-ledeR-policy-2021/](http://www.england.nhs.uk/publication/learning-from-lives-and-deaths-people-with-a-learning-disability-and-autistic-people-ledeR-policy-2021/)

The Learning Disabilities Mortality Review (LeDeR) Programme. Annual Report (2020)  
Available at: - [Master LeDeR 2023 \(2022 report\)](#)

## Part A - Document Control

<b>Policy number and Policy version:</b>  <b>V 2.0</b>  <b>CP12</b>	<b>Policy Title</b>  <b>Care of Children, Young People and Adults with a Learning Disability.</b>	<b>Status:</b>  Final		<b>Author:</b> <b>Lead Learning Disability and Autism Nurse</b>  <b>Chief Officer Sponsor:</b> <b>Director of Nursing</b>
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	1.0	January 2022	Lead Learning Disability and Autism Nurse	New policy to provide clear explanation support required for people with LD of all ages.
	1.1	Jan. 2025	Lead Learning Disability and Autism Nurse	Extension
	2.0	May 2025	Lead Learning Disability and Autism Nurse	Review of policy in line with new local and National guidance
<b>Intended Recipients:</b> Trust Wide - This strategy applies to all staff members who are directly employed by RWT and for whom RWT have a legal responsibility. This includes clinical and non-clinical staff, students, and bank staff who have contact with children, young people and adults who have a Learning Disability				
<b>Consultation Group / Role Titles and Date:</b> <ul style="list-style-type: none"><li>Trust Safeguarding Operational Group</li><li>Chief Nursing Officer</li><li>Deputy Chief Nursing Officer</li><li>Chief Medical Officer</li><li>Heads of Nursing</li><li>Divisional Medical Directors</li><li>Primary Care GP’s</li><li>Deputy Head of Safeguarding</li><li>Head of Patient Experience / Equality and Diversity</li><li>Mental Health Service RWT</li></ul>				
<b>Name and date of Trust level group were reviewed</b>		Trust Policy Group – May 2025		
<b>Name and date of final approval committee</b>		Trust Policy Group – May 2025		
<b>Date of Policy issue</b>		May 2025		

<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	May 2028 (3 yearly review)
<b>Training and Dissemination:</b> To be placed on the intranet Mandatory learning Disabilities training Trust Safeguarding Group (TSG) RWT Trust wide Bulletin.	
<b>To be read in conjunction with:</b> CP 06 Consent Policy CP 53 Safeguarding Adults at Risk CP 51 Safeguarding Children's Policy CP 41 Induction and Mandatory Training Policy CP 04 Deprivation of Liberty Safeguards (DoLS) OP53 Patient Access policy OP11 Mental Health Act CP09 Transition policy CP 59 Restraint Policy	
<b>Initial Equality Impact Assessment (all policies):</b> Completed Yes Full Equality <b>Impact assessment (as required):</b> Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904	
<b>Monitoring arrangements and Committee</b>	Monthly report will be presented at the Trust Safeguarding Group.
<b>Document summary/key issues covered.</b>  The purpose of this policy is to identify clear guidance on the support that must be provided for patients with Learning Disabilities in line with the Equality Act 2010  To support the reduction in health inequalities for people with learning disabilities. Learning from lives and deaths- people with a learning disability and autistic people (LeDeR) Policy 2021.  To support the Trusts commitment to complete LeDeR reviews.  To support Trusts, roll out of the Oliver McGowan Learning Disability and Autism Mandatory Training.	
<b>Key words for intranet searching purposes</b>	Learning Disability
<b>High Risk Policy?</b> <b>Definition:</b> <ul style="list-style-type: none"> <li>Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation.</li> <li>References to individually identifiable cases.</li> <li>References to commercially sensitive or confidential systems.</li> </ul> If a policy is considered to be high risk, it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	No



## Appendix 1

### Indications a person may have a learning disability

It is important to note that a person with a learning disability will have talents and may excel in certain aspects of their lives. They will be part a social network have family and friends just like people who do not have a learning disability.

Does the person:

- Live independently, do they do their own shopping, cooking or money management?
- Have a qualification above an NVQ level 2.
- Have a full driving license.
- Have an EHCP.

Has the person:

- Attended a special school.
- Been known to the specialist LD team in the past.
- Come to the hospital with a carer.

This is not a diagnostic tool and is only meant for the purpose of indication that the person may have a LD.

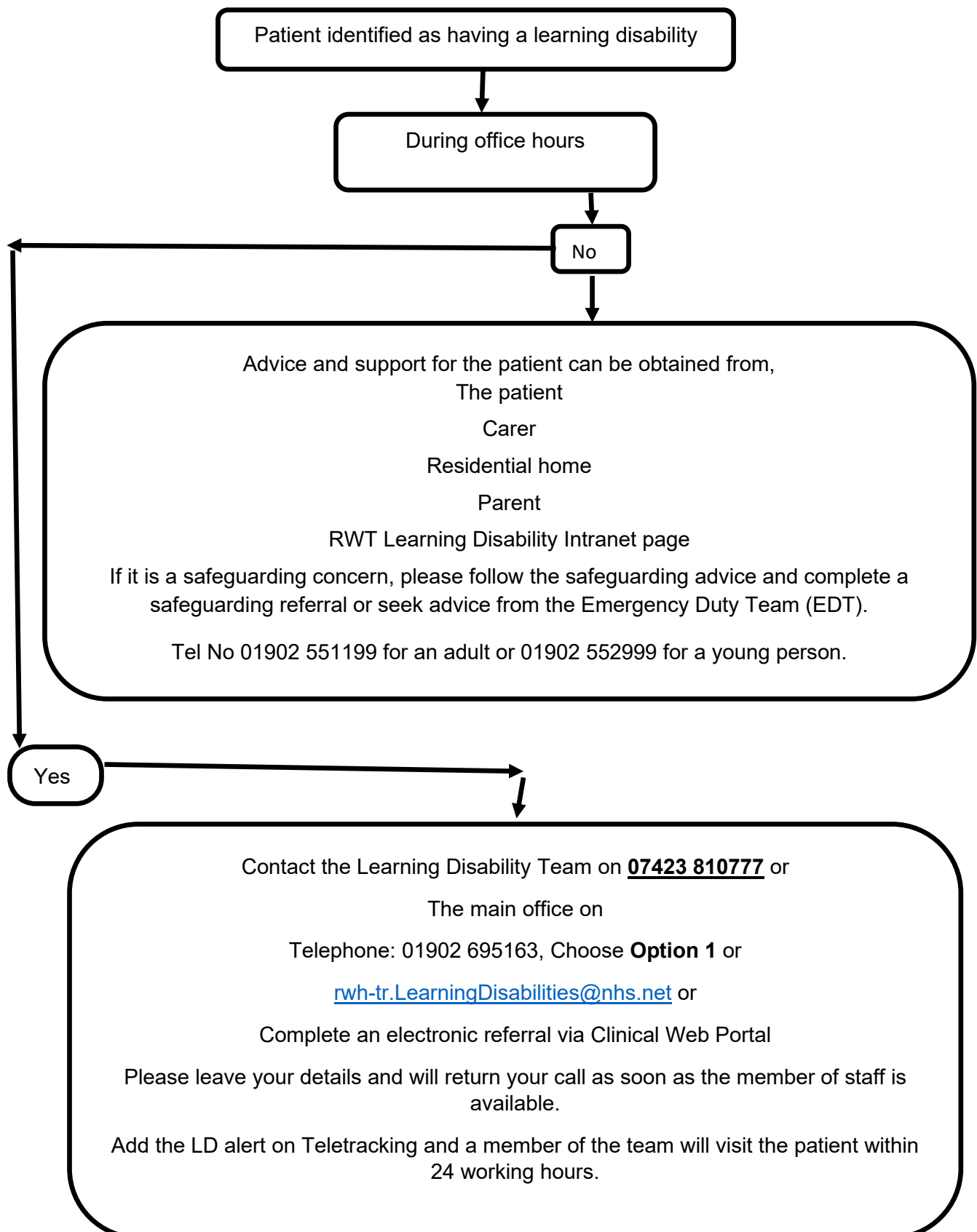
### Inpatients.

If you think a patient has a learning disability, indicate this by applying the LD logo on Teletracking.

A member of the team will come and assess within 24 hours working hours.

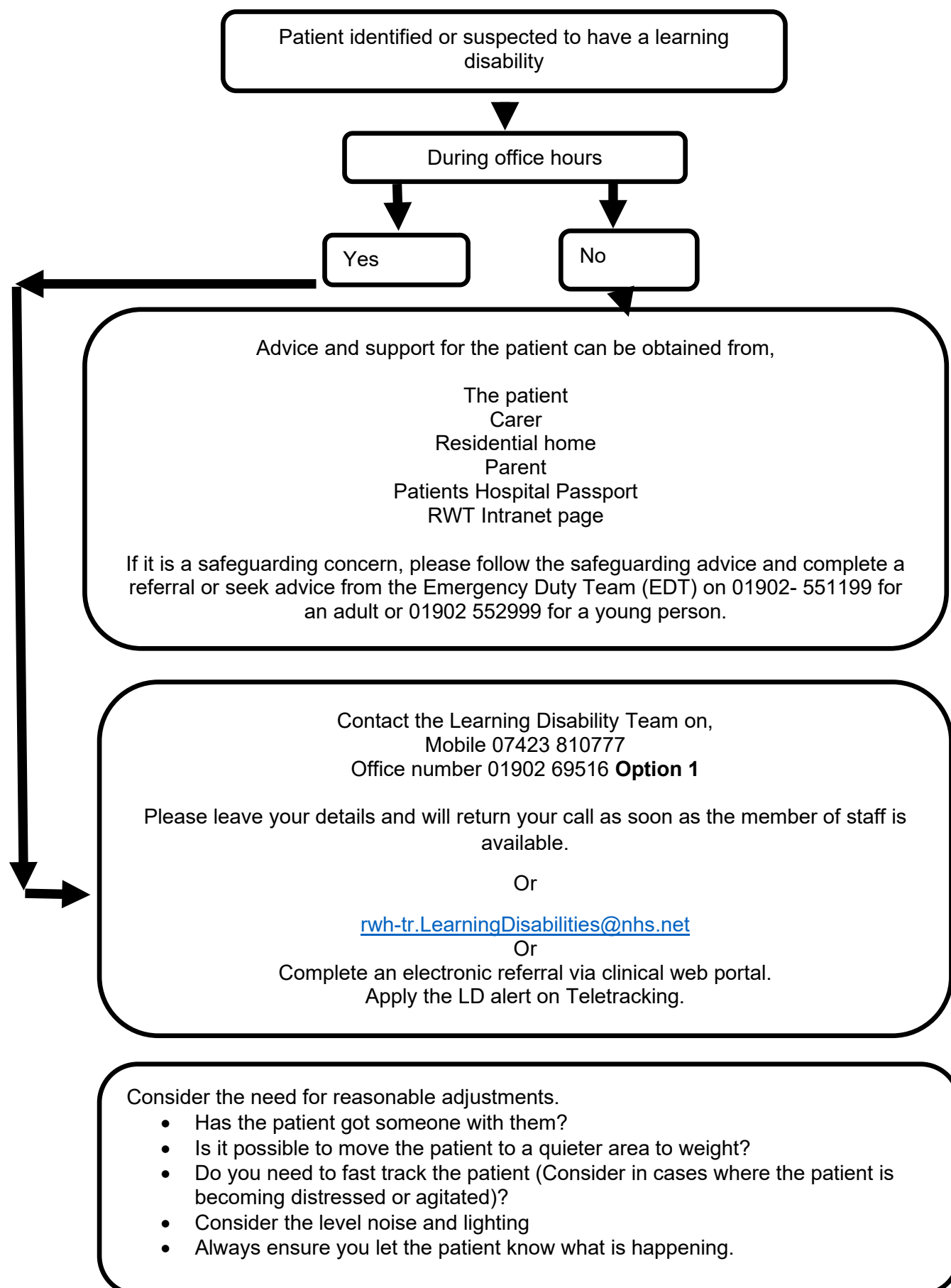
Appendix 2

Referral Process and Advice



Appendix 3

## Emergency admission



Appendix 4

## **Care Pathway for Planned Admissions and Appointments for People with Learning Disabilities**

Clinic lists should be checked every 2 weeks in advance to identify children, young people or adults with a learning Disability.

It is the responsibility of the department staff to contact the patients, family members or carers identified and check the following.

### **Appointment check list**

- Is the patient aware that they have an appointment?
  - Do they remember the time and date?
  - Do they know how to get to the hospital?
  - Will they require patient transport?
- Is the time of the appointment convenient for them?
- Would an early morning or late afternoon appointment be better for the patient if this is possible?
  - Is the appointment slot long enough to meet the patient's needs?

### **Admission check list**

- Will the patient require additional support? If so, who will provide this?
- Will the patient have someone at home 24 hours following a GA, or will they require overnight admission?
  - If aftercare is required who will provide this?

### **Reasonable Adjustments**

- Will the waiting room be suitable or would a quiet area/ room be more suitable?
- Is there anything that may cause difficulties whilst waiting? Noise, busy waiting room, length of wait?
- Will any equipment be required i.e. hoist or a rotunda if available?
- Would they like the Learning Disability nurse to support the appointment?
- Will they require a supporter with them? Some people may require more than one carer with them.
- Confirm that the hospital will make the reasonable adjustments required.

### **Documentation**

- Record the contact and any reasonable adjustment required as a note on clinical Web Portal.
- Inform the department manager of the reasonable adjustments required for the patient's appointment.
- Contact the patient to confirm all arrangements will be in place and use as another reminder of the appointment.
- Ensure that the clinic staff are informed on the day of the reasonable adjustments required for the patient's appointment.